

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

✓ 2831
 File No. 535
 Registered No. _____
 St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 11053
 Township _____ Primary Registration District No. _____
 City ST. LOUIS MO. (No. CITY HOSPITAL)

2. FULL NAME EDWARD VOLK.

(a) Residence. No. 3715 1/2 PALM ST. St. 10 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) MARRIED

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF AUGUSTA VOLK,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/14/1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 1

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work BRIDGE SUP'T.
 (b) General nature of industry, business, or establishment in which employed (or employer) TERMINAL R.R. 210M 1118
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) ILLINOIS.
 (STATE OR COUNTRY)

10. NAME OF FATHER PHILLIP VOLK.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) GERMANY. 10

12. MAIDEN NAME OF MOTHER PHILLIPIANA WENTZ.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) GERMANY.

14. INFORMANT Augusta Volk
 (Address) 3715 1/2 PALM ST.

15. FILED _____ 19 _____
11/17/1932 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/15/32. 19 _____

17. No Physician in Attendance
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Shock + Injuries (Hypostatic Pneumonia) following fractured ribs received when struck by auto in St. Louis Mo.

18. WHERE WAS DISEASE CONTRACTED Homicide 2-17
 IF NOT AT PLACE OF DEATH. _____

19. DID AN OPERATION PRECEDE DEATH. _____ DATE OF _____
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS. _____

(Signed) W. Renner M.D.
117, 1932 (Address) Dep. Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

VALHALLA Crematory 1/18/32 19 _____
 20. UNDERTAKER Provost and Co ADDRESS 3710 N. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

