

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

Do not use this space.

14871

1. PLACE OF DEATH

County..... Registration District No. **701**

Township..... Primary Registration District No. **10W3**

City St. Louis, Mo. (No. 920) **ISOLATION HOSPITAL**

File No.

Registered No. **3391**

St. Ward)

2. FULL NAME

(a) Residence, No. 371st Palm 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. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Bachelor

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 13, 1859

7. AGE	YEARS	MONTHS	DAYS	if LESS than 1 day, hrs. or min.
	73	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coffee

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME Phillip Volk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Phillipina Volk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) J. Eschontreuner

18. BURIAL, CREMATION, OR REMOVAL PLACE Marine Ill. DATE 4-15-33

19. UNDERTAKER (ADDRESS) Funeral Home Co.

20. FILED APR 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1933 to April 12, 1933. I last saw him alive on April 12, 1933. Death is said to have occurred on the date stated above, at 4:25 a.m.

The principal cause of death and related causes of importance were as follows:

Erysipelas, Facial Date of onset 4-2

Other contributory causes of importance: Pulmonary Tuberculosis

Cardiovascular Hypertension Chronic Nephritis

Name of operation Multiplication of 3-30-33

What test confirmed diagnosis? Clinical Is there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed) John Eschontreuner M. D.

(Address) ISOLATION HOSPITAL

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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Registrar

