

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

Do not use this space.

7285

APR 25 1934

PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **3745a Wisconsin**)

File No.....
Registered No. **2193**
St..... Ward)

2. FULL NAME **Dr. Guido A. Volkers**
(a) Residence, No. **3745a Wisconsin Ave.** **24** 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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 2nd, 1867**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	66	3	26	

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

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

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

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

13. NAME **H. W. Volkers**

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

15. MAIDEN NAME **Augusta Schust**

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

17. INFORMANT (ADDRESS) **Lydia Volkers**
3745a Wisconsin Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Vallaha Crematory Mch. 3rd, 1934**

19. UNDERTAKER (ADDRESS) **Jr. Schumacher**
3013 Meramec Street

20. FILED **J. H. Brebeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 28th, 1934**

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....
10/45pm

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

Cor. Myocarditis
93 99 C

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to external causes (violence), give in also the following: Accident, suicide, or homicide?..... 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) *Harold G. King*
(Address) *Depot*

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.

OCCUPATIONS

FATHER

MOTHER

INFORMANT

