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.

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

Do not use this space.

MAR 12 1936

791

1003

8012

File No. 1683

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 2439a N Grand Blvd St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Henrietta Vollmar

(a) Residence, No. 2439a N Grand Blvd Ward. 11

(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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1851.

7. AGE 84 YEARS 10. MONTHS 27. DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME William Westheider

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Mamie C Young (ADDRESS) 2439a N Grand Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters DATE Feb 17, 1936

19. UNDERTAKER Mathews-Dyer-Anderson (ADDRESS) 2161 E Fair Ave

20. FILED FEB 14 1936 J T Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1935 to Feb 13, 1936

I last saw her alive on Feb 12, 1935. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

	Date of onset
Chronic myocarditis	
131	

Other contributory causes of importance Chronic Interstitial nephritis 4 yrs albumen

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury ....., 19....

Where did injury occur? None (Specify city or town, county, and State)

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

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) W M F Hamann, M. D.

(Address) 2743 N Broad