

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY

MAY 27 1936

16616

1. PLACE OF DEATH

County St. Charles
Township Dardennes
City (No. _____) _____

Registration District No. 760
Primary Registration District No. 601

File No. 3
Registered No. 21
St. _____ Ward _____

2. FULL NAME

John Vollmer

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1935 to Apr 5, 1936

I last saw him alive on Apr 3, 1936 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1868

to have occurred on the date stated above, at 2 A. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 0 7

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

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

Mitral Stenosis
Date of onset No

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 _____

Other contributory causes of importance:

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

13. NAME Edward Vollmer

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

15. MAIDEN NAME Dels

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

17. INFORMANT Mrs. Henry Laeffler (ADDRESS) St. Charles Mo.

18. BURIAL, CREMATION OR REMOVAL

PLACE O'Fallon Mo. DATE 4/8, 1936

19. UNDERTAKER E. Keithly (ADDRESS) O'Fallon Mo.

20. FILED 4/10, 1936 McGowan Registrar.

Name of operation Mitral Date of _____
What test confirmed diagnosis? Mitral Was there an autopsy? No

23. If death was due to external causes (violence), fill 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? No

If so, specify _____

(Signed) L. A. Goswami, M. D.
(Address) O'Fallon Mo.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

