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.

611

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

FEB 8 1937

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3121

Township ..... Primary Registration District No. 1003 Registered No. 133

City Saint Louis, Missouri (No. 3410 South Jefferson Ave. 2 St. ..... Ward)

2. FULL NAME Robert L. Volz,

(a) Residence, No. 3410 So. Jefferson Ave. St., 24 Ward. 1 (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19th, 1860.

7. AGE: YEARS 76 MONTHS 7 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 253

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

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) Saint Louis, Missouri. 1

FATHER

13. NAME Christian Volz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) Emma Volz 3410 South Jefferson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE January 5th, 36.

19. UNDERTAKER (ADDRESS) Ziegenhein Bros. 2623 Cherokee Street.

20. FILED JAN 4 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 2nd, 1937.

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1935, to Jan 2, 1937, 19..... I last saw him alive on Dec 2, 1936. Death is said to have occurred on the date stated above, at 2:40 a.m.

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

Date of onset

Bryphites — (Syphilis)
Bronchopneumonia
Arthritis

34

Other contributory causes of importance:

Arteriosclerosis
Cardiac Insufficiency

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) C. O. Mueller, M. D.

(Address) 3720 Washington