

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

32477
Do not use this space.

3720 Washington
00114-357

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1003

1. PLACE OF DEATH
(a) County..... Registration District No.....
(b) Township **St Louis**..... Primary Registration District No.....
(c) City..... (d) Street No. **4228 Lexington**..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **59** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
Registered No. **8534**

2. PRINT FULL NAME **Edward Volz.**
(a) Residence, No. **4228 Lexington.** St. **10** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) **Married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 15 1867**
7. AGE YEARS **70** MONTHS **0** DAYS **24** If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Machinist**
9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**
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) **Illinois**
13. NAME **Frederick H Volz**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
15. MAIDEN NAME **Pauline Krause**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
17. INFORMANT (ADDRESS) **Frederick Volz
4228 Lexington**
18. BURIAL, CREMATION, OR REMOVAL PLACE **St Johns** DATE **Sept 13 37**
19. FUNERAL DIRECTOR (ADDRESS) **Provost Und Co.
3710 N Grand Bly.**
J. Brudeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 9 - 1937**
22. I HEREBY CERTIFY, That I attended deceased from **March 21 - 1936**, to **Sept 9 - 1937**
I last saw h. *live* alive on **Feb. 12 - 1937** Death is said to have occurred on the date stated above, at **7:25 P. m.**
The principal cause of death and related causes of importance were as follows:
Hypertensive Heart Disease & Angina Pectoris Date of onset **1906**
Other contributory causes of importance:
Carcinoma of Esophagus
Name of operation **none** Date of.....
What test confirmed diagnosis? **Clinical Exam.** 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) **Louis J. Arthur**, M. D.
(Address) **3720 Washington St. Louis, 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.

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SEP 10 1937

STATEMENT BY LICENSED EMBALMER

I, Robert L. Brinkman, Licensed Embalmer No. 3553

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed

Robert L. Brinkman

Licensed Embalmer No. 3553

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)