

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20158

Do not use this space.

1. PLACE OF DEATH

- (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City St. Louis, Missouri (d) Street No. City Sanitarium Registered No. **5297**
 (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 48 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- Sophia Vollmer
 (a) Residence, No. 3015 No. 9th St. St. **26**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR
WIDOW (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-7-1881

7. AGE YEARS MONTHS DAYS If LESS than 1
57 2 2 day, hrs.
 or min.

OCCUPATION 8. Trade, profession, or particular kind of
 work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work
 was done, as saw mill, bank, etc. Housework
 10. Date deceased last worked at
 this occupation (month and
 year) 1934 11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (CITY OR TOWN) Mascoutah
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Frederick Mohr

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

MOTHER 15. MAIDEN NAME Barbara Bachman

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

17. INFORMANT C. H. Brown, M. D.
 (ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Bethlehem DATE June 11, 1938

19. FUNERAL DIRECTOR (NAME) Chedmore & Sons
 (ADDRESS) 3934 N. 20th St.

20. FILED JUN 10 1938
J. P. Bredbeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9-38, 19

22. I HEREBY CERTIFY, That I attended deceased from
5-9-1938, 19, to 6-9-1938, 19.

I last saw her alive on 6-9-38, 19. Death is said
 to have occurred on the date stated above, at 10:00 A.M.

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

Cerebral Thombosis

5-9-38x

Date of onset

Other contributory causes of importance:

Paresis

5-9-38x

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

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed) C. H. Brown, M. D.

(Address) 5400 Arsenal

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Geo. P. Schubert

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Geo. P. Schubert

Licensed Embalmer No. *2212*

P. O. Address *5118⁹ 71 Kingsh...*

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.)

If this body is not embalmed, above space should be left blank.