

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.

RECEIVED JUL 4 2 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20377
Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis
 (d) Street No. 6753 Wise Ave
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 1003

Primary Registration District No. 6753 Wise Ave

Registered No. 5516

2. PRINT FULL NAME

Charles J. Volk
 (a) Residence, No. 6753 Wise Ave. St. 4
 (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 Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 0 0

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
 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) St. Louis, Mo. Missouri

FATHER
 13. NAME Joseph Volk

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

MOTHER
 15. MAIDEN NAME Theresa Schwartzkopf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT Augusta Volk
 (ADDRESS) 6753 Wise Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem. DATE June 16, 1938

19. FUNERAL DIRECTOR John L. Ziegenhein & Sons
 (ADDRESS) 7027 Gravois, Ave.

20. FILED JUN 18 1938 J. D. Brueck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1937 to June 15, 1938
 I last saw him alive on June 15, 1938. Death is said to have occurred on the date stated above, at 9:40 P. M.

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

Primary Thrombosis
chronic
 Other contributory causes of importance: Endo & Myocarditis, chronic

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? no
 If so, specify
 (Signed) J. S. Smith, M. D.
 (Address) 2500 S. Mississippi

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
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 *Clarence P. Kidwell*
Licensed Embalmer No. *3877*

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.)