

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.

NOV 16 1938

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

34294  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791

(b) Township..... Primary Registration District No. 1003

(c) City St Louis Mo (d) Street No. Mo. Pac. Hosp. Registered No. 9280

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 426 LAURA ANNA VOLLMER

(a) Residence, No. 4112 RUSSELL St. 17 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF  
 WIFE OF HENRY VOLLMER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR. 4 - 1892

7. AGE YEARS 46 MONTHS 6 DAYS 20 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hwife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)..... Clifton City, Mo. (STATE OR COUNTRY)

FATHER 13. NAME W. K. Potter,

14. BIRTHPLACE (CITY OR TOWN)..... Clifton City, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Maggie Steelman

16. BIRTHPLACE (CITY OR TOWN)..... Beaman, Mo. (STATE OR COUNTRY)

17. INFORMANT Henry Vollmer  
(ADDRESS) 5958 S. Kingshighway Bl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE Oct. 27 1938

19. FUNERAL DIRECTOR Wacker-Helderle  
(ADDRESS) 2331 S. Broadway

20. FILE OCT 26 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12 1938 to Oct 24 1938

I last saw her alive on Oct 24 1938. Death is said to have occurred on the date stated above, at 11:40 a.m.

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

Carcinoma of mid-sigmoid colon Date of onset

Intestinal OBSTRUCTION

Other contributory causes of importance: H&C

Name of operation Colostomy Date of 10-20-38

What test confirmed diagnosis? Exploratory 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. A. M. B. Hospital M. D.  
 (Signed) \_\_\_\_\_ (Address) McBride Hospital

STATEMENT BY LICENSED EMBALMER

I, Robert Wheeler, Licensed Embalmer No. 2128

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 Wheeler

Licensed Embalmer No. 2128

**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.)**