

Dr. Dorris

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

21904

Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township _____ Primary Registration District No. 3014 Registered No. 151
 (c) City Jefferson (d) Street No. St. Mary's Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Louis Volkmar

(a) Residence, No. 620 School St. (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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-12-1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 9 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Saddle Tree Maker
 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) St. Louis, Mo.
 (STATE OR COUNTRY)

FATHER 13. NAME Christopher Volkmar

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

MOTHER 15. MAIDEN NAME Martha F. Yost

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

17. INFORMANT Mrs. Oscar F. Muck
 (ADDRESS) Jefferson City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE June-28- 1939

19. FUNERAL DIRECTOR (NAME) Thomas J. Kelly
 (ADDRESS) Jefferson City, Mo

20. FILED 6-27-39 Thomas J. Kelly
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1939, to June 25, 1939
 I last saw him alive on June 25, 1939 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset

Other contributing causes of importance:
Ca of Colon

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) Thomas J. Kelly M. D.
 (Address) Jefferson City, Mo

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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, or by.....

Fred P. Lulle

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Fred P. Lulle

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City, Mo.*

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.