SEP 15 1939

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 15 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33492

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1641

1. PLACE OF DEATH:

(a) County St.Louis County 1

(b) City or town [illegible] (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mt.St.Rose Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St.Clair 2

(c) City or town East St.Lpuis (If outside city or town limits, write "RURAL")

(d) Street No. 1519 Illinois Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Vollmer 456

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Christina Vollmer

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased ~~XXXXXX~~ (Month) about (Day) 1903 (Year)

8. AGE: Years 36 | Months | Days | If less than one day hr. min.

9. Birthplace East St.Louis (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Bread Salesman 1

11. Industry or business

FATHER
12. Name George Vollmer
13. Birthplace St.Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Miller
15. Birthplace Belleville (City, town, or county) Ill. (State or foreign country)

16. (a) Informant's own signature Mrs Christina Vollmer

(b) Address 1519 Illinois E.St.Louis

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 16,1939 (Month) (Day) (Year)

(c) Place: burial or cremation French Village,Ill.

18. (a) Signature of funeral director Albert H.Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) SEP 15 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1939 hour 1 minute 1 45 P.M.

21. I hereby certify that I attended the deceased from July 1st, 1939, to Sept 14, 1939; that I last saw him alive on Sept 14, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death: For adv. bilat pulm the c cavitation

Due to 23 R

Due to

Other conditions (Include pregnancy within 3 months of death): Tuberculous Enteritis; Tuberculous Laryngitis

Major findings: Of operations

Of autopsy Same

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature Bernard E. Baumann (M. D. or other)

Address 9101 So Broadway Date signed 9-14-39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

50M-5-17-39
Rev. 5-17-39
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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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....2971.....

P. O. Address.....

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.