

NOV 13 1939

791

Registration District No. _____

Registrar's No.

8636

1. PLACE OF DEATH: 1003 2
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5063 N. Kingshighway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether _____)
In this community 55 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 5063 N. Kingshighway
(If rural, give location)
(e) If foreign born, how long in U. S. A.: 55 Years years.

3. (a) PRINT FULL NAME Bertha Volz 420
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 7th
year 1939 hour 4:25 PM minute _____ M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Volz (deceased)
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 5, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-8-39
_____, 19____, to 10-7-39 19____;
that I last saw her alive on 10-7-39 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 0 2 _____ hr. _____ min.

Immediate cause of death _____
Due to Carcinoma of liver
Due to _____

9. Birthplace Berlin, Germany
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation At home 6

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Mueller 6

13. Birthplace Berlin, Germany 6
(City, town, or county) (State or foreign country)

14. Maiden name Clara Will

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Math Hermann

(b) Address 5063 N. Kingshighway

17. (a) Burial (b) Date thereof 10-10-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OCT 10 1939 (b) J. D. Braden
(Date received and recorded) (Registered signature)

Major findings: Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Math Hermann (M. D. or other) _____

Address 1274 Union Date 10-10-39

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.

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: *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, 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.