DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40725

Registration District No. 780 Primary Registration District No. 4466 Registrar's No. 46

1. PLACE OF DEATH:

(a) County STE GENEVIEVE

(b) City or town STE GENEVIEVE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: V
(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 MISSOURI (b) County STE GENEVIEVE

(c) City or town STE GENEVIEVE
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME ARLINE MAE VOLMER 456

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOV (Month) 20 (Day) 1939 (Year)

8. AGE:	Years	Months	Days	If less than one day
—	0	0	7	_____ hr. _____ min.

9. Birthplace STE GENEVIEVE (City, town, or county) MO (State or foreign country) 0

10. Usual occupation NONE 0

11. Industry or business 0

FATHER
12. Name MONROE VOLMER
13. Birthplace BLACK (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name DESSIE O'BRIAN
15. Birthplace MUNGER (City, town, or county) MO (State or foreign country)

16. (a) Informant's own signature Monroe Volmer
(b) Address Ste Genevieve Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Nov 27 39 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ STE GENEVIEVE

18. (a) Signature of funeral director Leo C. Basler
(b) Address Ste Genevieve Mo 711

19. (a) Nov 27/39 (Date received local registrar) (b) T.W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1939 hour _____ minute 9:P M.

21. I hereby certify that I attended the deceased from Nov. 20, 1939, to Nov 26, 1939; that I last saw h ER alive on Nov 26, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature Birth	11/20/39
Due to	
Due to 159	
Other conditions (Include pregnancy within 3 months of death)	
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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature R C Lawning (M. D. or other)
Address Ste. Genevieve Mo Date signed 11/27/39

(Licensed Embalmer's Statement on Reverse Side)

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.....

Leo C. Barber, Registered Apprentice No.....

working under my personal supervision.

Signed Leo C. Barber

Licensed Embalmer No. 1985

P. O. Address Ste Genevieve Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.