

FILED MAY 15 1940 791
Registration District No.

Primary Registration District No.

Registrar's No.

I. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4360 Holly Hills Blvd. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Nil
(Specify whether years, months or days)
In this community 32 Yrs.

3. (a) PRINT FULL NAME Augusta Volkert 126

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Volkert 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Sept. 16, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 1 hr. min.

9. Birthplace Columbia, Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 9

11. Industry or business Housework

12. Name Unknown 9

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant John L. Volkert

(b) Address 3946^{1/2} N. 21st St.

17. (a) Burial (b) Date thereof 4/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Illinois

18. (a) Signature of funeral director Augustine J. San

(b) Address 3934 N. 20th St.

19. (a) APR 19 1940 (b) J. F. [Signature]
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4205 Grove Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 22
year 1940 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____
1935 to Apr 17 1940

that I last saw her alive on Apr 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Terminal Pneumonia Bronch
Due to Cerebral Hemorrhage 3 days

Due to arteriosclerosis 5 yrs
Hypertension 5 yrs
Myocarditis

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

Duration

PHYSICIAN

Major findings: _____
Of operations none

Of autopsy none 930
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) no

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

While at work? no (Specify type of place) (e) Means of injury none

23. Signature W. J. [Signature] M.D. (M. D. or other)

Address 2000th & Grand Date signed 4-19-40

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

MOTHER FATHER

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 Alfred J. Boedeker
Licensed Embalmer No. 2663
P. O. Address 4204 Prairie

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.