

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 2 days
(Specify whether
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME Fred Vollert 463
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Vollert 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Aug. 18 1899
(Month) (Day) (Year)

8. AGE: Years 40 Months 11 Days 10 If less than one day
hr. _____ min. _____

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

10. Usual occupation Meat Cutter

11. Industry or business _____

MOTHER FATHER { 12. Name Chas Vollert
18. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anna Kraleman
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant P. Deggen
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 8/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem Black Jack

18. (a) Signature of funeral director Math Hermann & Son
(b) JUL 30 1940 2161 East Fair Ave

19. (a) _____ (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 8
(If outside city or town limits write "RURAL")
(d) Street No. 890 Wall St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th.
year 1940 hour 11:40 minute p.m. M.

21. I hereby certify that I attended the deceased from May 27, 1940, to July 28, 1940;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Nephritis 5-27-40x

Due to _____
Due to Hypertensive Heart Disease
5-27-40x

Other conditions Parasita 5-27-40x
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Yes.
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 Paul T Hartman (M. D. _____)
Address 5306 Arsenal Date signed 7-30-40

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

5

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. 2967

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.