DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33029

Registration District No. 780 Primary Registration District No. 4466 Registrar's No. 45

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: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ste. Gen

(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 DORIS MARIE VOLMER

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 Sept (Month) 19 (Day) 1940 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	0	10 hr. min.

9. Birthplace Ste. Genevieve (City, town, or county) Missouri (State or foreign country)

10. Usual occupation U

11. Industry or business U

FATHER 12. Name Monroe Volmer

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

MOTHER 14. Maiden name Dessie O'Brien

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

16. (a) Informant's own signature Marvel Volmer

(b) Address Ste Genevieve Mo

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

(c) Place: burial or cremation Ste Genevieve Mo

18. (a) Signature of funeral director Leo C. Bagby

(b) Address Ste. Genevieve Mo

19. (a) Sept 20/40 (Date received local registrar) (b) T. W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 19 day year 1940 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept 19, 1940, to Sept 19, 1940, that I last saw her alive on Sept 19, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth (7½ Mo.) — Duration

Due to Unknown

Due to

Other conditions (Include pregnancy within 3 months of death) 154

Major findings: Of operations

Of autopsy No

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. S. Lemming (M. D. or other)

Address Ste. Genevieve Mo Date signed 9/20/40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19511

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.

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 Basler, Registered Apprentice No. ....., working under my personal supervision.

Signed Leo C. Basler

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 with the above constitutes grounds for revocation of license.)

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