DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4347

State File No.

FEB 14 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 56

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: St. John's Sta.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8707 Caroline Avenue
(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: Missouri (b) County: St. Louis

(c) City or town: St. John's Sta.
(If outside city or town limits, write "RURAL")

(d) Street No.: 8707 Caroline Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME: Henry W. Vollmer

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Caroline Vollmer

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

7. Birth date of deceased: March 12, 1860 (Month) (Day) (Year)

8. AGE: Years 80 | Months 9 | Days 26 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: Builder

11. Industry or business: Retired 20 years

FATHER
12. Name: Frederick Vollmer
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Amelia Sandfort
15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Miss Maybelle Vollmer

(b) Address: 8707 Caroline Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/11/41 (Month) (Day) (Year)

(c) Place: burial or cremation: Bethany Cemetery

18. (a) Signature of funeral director: Shepard Funeral Home

(b) Address: 1167 Hamilton Avenue.

19. (a) JAN 9 - 1941 (Date received local registrar) (b) T. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8, 1941 year 2 hour 20 minute P M.

21. I hereby certify that I attended the deceased from April 17, 1940, 19..., to Jan. 8, 1941; that I last saw him alive on Jan. 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	6 mo.
Auricular fibrillation	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): hypertrophy of prostate	1 year

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: Louis Beckel (M. D. or other)

Address: 3720 Washington Date signed 1-9-41

(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.

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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

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