

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5454

State File No.

MAR 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1702

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bethesda Hospital
(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

3. (a) PRINT FULL NAME Sarah Effie Volker

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Charles Volker

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

7. Birth date of deceased May 15 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	9	6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Michael Hopkins

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

14. Maiden name Effie Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Aberman Volker

(b) Address 2912 Park Ave.

17. (a) Burial (b) Date thereof 2/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SunSet Burial Park

18. (a) Signature of funeral director E. J. Schmus

(b) Address E. J. Schmus 6125 Lafayette

19. (a) FEB 22 1941 (b) J. N. Bredech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2937 1/2 Henrietta St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1941 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from Feb 19-41
..... 19. to Feb 21 19. 41
that I last saw her alive on Feb 21
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Ch Myocarditis

Due to Hypertension

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

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) None

(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?.....

While at work?.....
(Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)
Address 2840 California Date signed 2/21/41

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.....

Joe Bollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave.*

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, fact should be so stated above.