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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 32543

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 1847

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Webster Groves (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Science Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Months (Specify whether

In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Ohio

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 3829 Hartford St 9 (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Lena Vollmar

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Vollmar

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

7. Birth date of deceased November 8, 1866 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 74 | 9 | 25 | ..... hr. ..... min. |

9. Birthplace ..... (City, town, or county) 4 Germany (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name John Pickel
13. Birthplace ..... (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Catherine Mueller
15. Birthplace ..... (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Harry Stewart

(b) Address 412 Duchouquette

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 8, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co

(b) Address 2203 S Grand av

19. (a) SEP - 7 1941 (Date received local registrar) (b) E G McGavran MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September 3 year 1941 hour 5 minute 0 P.M.

21. I hereby certify that I attended the deceased from June 25th, 1941, to Sept 3rd, 1941; that I last saw her alive on Sept 1st, 1941; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Carcinoma of Large bowel | About 2 years |
| Due to | |
| Due to 55 | |
| Other conditions (Include pregnancy within 3 months of death) | |
| 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 Arnold G Klein (M. D. or other) 0 [illegible]

Address 2632 S. Kingsbury Date signed [illegible]

(Licensed Embalmer's Statement on Reverse Side)

## 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. Harry A. Stewart

Licensed Embalmer No. 3722

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, fact should be so stated above.**