

FILED FEB 24 1942 **791**

1003

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mo. Baptist Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
 (c) City or town Shelbina
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Adolph Vollmer

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (d) Single, widowed, married, divorced Married

6. (b) Name of husband or wife May 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Aug. 9 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>5</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Minister

11. Industry or business _____

12. Name Gustave Vollmer

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

14. Maiden name Bertha Reutiman

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

16. (a) Informant Mrs. Adolph Vollmer

(b) Address Shelbina, Mo.

17. (a) Removal (b) Date thereof 1-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JAN 31 1942 (b) J. Z. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 29th, 1942
 year _____ hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____
 years _____ 19 _____ to Jan 29, 1942
 that I last saw him alive on Jan 29, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death: Infermites of age
Bacteris Salmonis
 Due to age

Other conditions: Enlarged prostate
(Include pregnancy within 3 months of death)

Major findings: No recent operation
 Of operations Prostate 3 yrs ago
Resection of Rectum 19 yrs ago.
 Of autopsy _____

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? _____

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

23. Signature Hudson Falball (M. D. or other) _____
 Address Metrop Reg St Louis Date signed 1/31/42

OCT 27 1944

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 Harold G. Burnley
Licensed Embalmer No. 4287

P. O. Address.....

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.