

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18454

State File No.

Registrar's No.

FILED JUN 22 1942

Registration District No. 572

Primary Registration District No. 4322

1. PLACE OF DEATH:

Maries

- (a) County.....
(b) City or town.....
(c) Name of hospital or institution:.....
(If outside city or town limits, write "RURAL" and name of township)
(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 Theresa Volmert

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 Married

6. (b) Name of husband or wife Ferdinand. Volmert 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 3 27 18 73
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 27 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph Massman

13. Birthplace Germany 7
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Schallert
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R.H. Stratman

(b) Address Vienna Mo.

17. (a) Burial (b) Date thereof 5 26 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vienna Mo.

18. (a) Signature of funeral director J.C. Cunningham

(b) Address Vienna Mo.

19. (a) 6-3-42 (b) Emma Babsett
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 63

(c) City or town Vienna
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1942 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from April 6, 1942 to May 24, 1942
that I last saw her alive on May 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ovarian Carcinoma

Due to.....

Due to.....

Other conditions Carcinoma of the peri-
(Include pregnancy within 3 months of death)
toneum with ascites

Major findings: Of operations

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?

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

23. Signature J.C. Howard, M.D. (M. D. or other) D.O.

Address Vienna, Mo. Date signed 5/28/42

WRITE PLAINLY—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

Licensed Embalmer No.....

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, above space should be left blank.