No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20077

FILED JUL 13 1942

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5539

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: 2346a Menard St.
(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

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

(d) Street No. 2346a Menard St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Minnie 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 Louis Vollman

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

7. Birth date of deceased January 11, 1874 (Month) (Day) (Year)

8. AGE: Years 68 | Months 5 | Days 15 | If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER 12. Name Don't Know

13. Birthplace Don't Know (City, town, or country) (State or foreign country)

MOTHER 14. Maiden name Don't Know

15. Birthplace Don't Know (City, town, or country) (State or foreign country)

16. (a) Informant Louis Vollmar

(b) Address 2223 Chippewa St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29/42 (Month) (Day) (Year)

(c) Place: burial or cremation Freidens Cemetery

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

(b) Address 2201 S. Grand Bl.

19. (a) JUN 29 1942 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1942 hour 5 minute 10 p. M.

21. I hereby certify that I attended the deceased from Jan 17 1942 to June 26 1942 that I last saw her alive on June 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senile Arteriosclerosis	2 mo.

Major findings:
Of operations none
Of autopsy none

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 (M. D. or other)

Address Date signed 6/27/42

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1955

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. 3722

P. O. Address 412 Duchouquette St.

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, fact should be so stated above.