

S. No. 2  
-9-4-41  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12918

State File No. \_\_\_\_\_  
Registrar's No. **3690**

FILED APR 28 1943  
Registration District No. **318**

Primary Registration District No. **1003**

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:  
**City Sanitarium 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **27 das.**  
(Specify whether years, months or days)  
In this community **68 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000 12 923**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2135 Sidney**  
(If rural, give location) **no**  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **0**

3. (a) PRINT **CHARLOTTE VOLLMAR**  
FULL NAME  
3. (b) If veteran, name war **--** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color of race **White** 6. (a) Single, widowed, married, divorced, **single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **April 30 1874**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **11** Days **19** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housework**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **George Vollmar**  
13. Birthplace **unknown Germany 4**  
14. Maiden name **Wilhelmina Burkhardt**  
15. Birthplace **unknown Germany 4**

16. (a) Informant **Thelma A. Singer**  
(b) Address **5300 Arsenal St**  
17. (a) **Burial** (b) Date thereof **4/20/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **new St. Marys Cem.**

18. (a) Signature of funeral director **John H. Gibken Louis**  
(b) Address **2630 Blavois Ave**  
19. (a) **APR 20 1943** (b) **J. F. Breesch**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19**  
year **1943** hour **6:50** minute **AM**

21. I hereby certify that I attended the deceased from **March, 22 1943** to **April 19 1943**  
that I last saw h. **er** alive on **April 19 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**  
**Arteriosclerotic Heart Disease**  
Duration **3das.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions **Senility** **1003-22-43X**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature **Walter H. Moore** (M. D. or other) **M.D.**  
Address **5400 Arsenal St.** Date signed \_\_\_\_\_

**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 Robert F. Gebker  
Licensed Embalmer No. 4144  
P. O. Address 2630 Snows

**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.**