

S. No. 2  
M-2-43  
5-17-39  
X15897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22317  
Registrar's No. 284

Registration District No. 316 Primary Registration District No. 6075-

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

1. PLACE OF DEATH:  
(a) County St. Francois  
(b) City or town Farmington RURAL St. Francois  
(c) Name of hospital or institution: Mo. State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 yrs. 11 mo.  
In this community 26 years, months or days (Specify whether)

3. (a) PRINT FULL NAME JOE VOLGA  
(b) If veteran, name war Unk.  
(c) Social Security No. None

4. Sex Male 5. Color or race W.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased About 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 63 hr. min.

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

10. Usual occupation Peddler

11. Industry or business Unk.

12. Name Unknown  
13. Birthplace Hungary  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Hungary  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4  
(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 6-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hospt. Cem., Farmington,

18. (a) Signature of funeral director C. H. Cozenn  
(b) Address Farmington, Mo.

19. (a) June 30-1943 (b) Byrdie Bukhmer  
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25,  
year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 1, 1943 to June 25, 1943,  
that I last saw him alive on June 25, 1943,  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral sclerosis

Due to gnd  
Due to gnd  
Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations gnd  
Of autopsy gnd

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) gnd  
(b) Date of occurrence gnd  
(c) Where did injury occur? (City or town) (County) (State) gnd  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? MO.

While at work? (Specify type of place) (e) Means of injury gnd  
23. Signature J. P. Langford (M. D. or other) MD.  
Address 408 W. Park St. Date signed 6/28/43

RECEIVED

District Health Officer No. 4  
District File Number 243-2374  
Date Filed 7-6-43

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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.....

..... me ....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... C. Hooper .....

Licensed Embalmer No. 4684 .....

P. O. Address..... Farmington, 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.