. No. 2
1—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1943 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40677

State File No.

Registration District No. Primary Registration District No. 1003 Registrar's No. 11029

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: 1947a Congress 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 Mo (b) County 009 17
(c) City or town St. Louis 9 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1947a Congress St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Josephine Volkman
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 Widow
6. (b) Name of husband or wife May C. Volkman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 8 1855 (Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Quincy (City, town, or county) Ill. (State or foreign country)
10. Usual occupation at home
11. Industry or business
12. Name Frederick Koch (FATHER)
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
14. Maiden name Henrietta Hussmann (MOTHER)
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant May H. Volkman
(b) Address 1947a Congress St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation N. Pickers' Cem.
18. (a) Signature of funeral director Witt Bros. L & N
(b) Address 2929 S. Jefferson Av.
19. (a) DEC 13 1943 (Date received by Registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1943 hour 3 minute 00a. M.
21. I hereby certify that I attended the deceased from 1943 — 1943, to 12/12 1943, that I last saw her alive on 12/12 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Arteriosclerosis — asthma
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
20 yrs.

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 C. W. Hamilton (M. D. or other)
Address 1504 So. Grand Date signed 12/12/43

(Licensed Embalmer's Statement on Reverse Side)

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 Gustav W. Dietsle

Licensed Embalmer No. 4329

P. O. Address 2929 S. Jefferson

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.