

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

12227 /

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 21 1944

Registration District No. 2

Primary Registration District No. 3068

Registrar's No. 743

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Maplewood Nursing Home #
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 5254 Helen Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Vollmer.

3. (b) If veteran, name war No

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 Joseph Vollmer 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Jan. 6, 1876.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>2</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace unknown Ireland #
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Dennis Flemming

13. Birthplace unknown Ireland #
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Dunn

15. Birthplace unknown Ireland #
(City, town, or county) (State or foreign country)

16. (a) Informant Edw. J. Vollmer

(b) Address 5254 Helen Ave.

17. (a) Burial (b) Date thereof March 27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clerk,

(b) Address 1125 Hodiamont Ave.,

19. (a) MAR 28 1944 (b) E. G. McLaughlin
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1944 hour 9.00 minute A.M.

21. I hereby certify that I attended the deceased Jan 18
1944, to March 24 1944
that I last saw her alive on March 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Interstitial Nephritis (Chronic) 2 years Duration

Due to Arterio Sclerosis 3 years

Due to Pluritic Pleuritis 5 days

Other conditions (Include pregnancy within 6 months of death) Left leg.

Major findings:
Of operations _____

Of autopsy 1310

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? _____

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

23. Signature John W. McDonald (M. D. or other) _____
Address 539 N. Grand Date signed 3-25-44

Dr. J. W. McDonald
539 N. Grand Blvd.
JE. 9284. 10-12 A.M.

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..... 3225

P. O. Address..... 1125 Hodiamont Ave.....

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.