

FILED JUN 4 1945
Registration District No. **818**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St Louis Mo**
(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3921-A-22nd St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **50 years**
years, months or days

3. (a) PRINT FULL NAME **William Vollet**

3. (b) If veteran, name war **No** 3. (c) Social Security No. _____

4. Sex **Males** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **Sept 21 1884**
(Month) (Day) (Year)

8. AGE: Years **64** Months **8** Days **4** If less than one day hr. min.

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

10. Usual occupation **Sheet metal worker**

11. Industry or business

12. Name **John Vollet**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Caroline Paul**
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Paul Vollet**
(b) Address **3921-A-22nd St St Louis**

17. (a) **Burial** (b) Date thereof **May 29 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Episcop**

18. (a) Signature of funeral director **Wm J. Schmitt**

(b) Address **4355 Washington**

19. (a) **MAY 27 1945** (b) **J. J. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **3921-A-22nd** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **25** year **1945** hour **16** minute **15A** M.

21. I hereby certify that I attended the deceased from **July 5**, 19**38**, to **May 25**, 19**45**

that I last saw him alive on **May 20**, 19**45** and that death occurred on the date and hour stated above.

Immediate cause of death **chronic myocarditis with decompensation**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 **H. A. White Meyer** (M. D. or other) **M.D.**
Address **4362 Warner** Date signed **5-26-45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Ray E. Campbell
Licensed Embalmer No. 3881
P. O. Address St Louis, 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.