

FILED SEP 7 1945

STANDARD CERTIFICATE OF DEATH

27875

State File No.

Registration District No. 207

Primary Registration District No. 4318

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Maries Mo.
(b) City or town Vienna
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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)

3. (a) PRINT FULL NAME Louis John Volmert

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alma Volmert 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased July 30 1908
(Month) (Day) (Year)

8. AGE: Years 37 Months 0 Days 25 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business Ferdinand Volmert

12. Name Miller Co. U

13. Birthplace Vienna, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Volmert

15. Birthplace Vienna, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Volmert

(b) Address Vienna, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-1945
(Month) (Day) (Year)

(c) Place: burial or cremation Vienna, Mo.

18. (a) Signature of funeral director McBummingham
Vienna, Mo.

(b) Address Vienna, Mo.

19. (a) 8/31/45 (b) Ema Bassett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Maries 68
(c) City or town Vienna, Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Aug day 25
year 1945 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from
Mar. 15, 19 44 to Aug. 24, 19 45
that I last saw him alive on Aug. 24, 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death
Non-pigmented metastatic melanoma, chest and brain metastases.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 S. C. L. L. L. (M. D. or other) DO.
Address Vienna, Mo. Date signed 8/29/45

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

RECEIVED

District Health Officer No. 8

District File Number.....

Date Filed 9-6-45

APR 6 1949

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed

Licensed Embalmer No. 3664

P. O. Address Urbana, Ill.

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.