DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11647

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3566

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: 3405 Union Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3405 Union Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frank Joseph Volkmar

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. O

5. Color or race W.

6. (a) Single, widowed, married, divorced S. O

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. 28th., 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Druggist

11. Industry or business

FATHER
12. Name Ferdinand Volkmar
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Philomena Weber
15. Birthplace Louisville Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Jerome J. Rich
(b) Address 5337 Wells Ave.

17. (a) Removal (b) Date thereof 4-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Louisville, Ky.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) APR 3 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2st.,
year 1947 hour 5 minute 038 M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Bowel Obstruction

Due to from a strangulated

Due to Hernia

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

23. Signature Thomas F. Callaman (M. D. or other)
Address Coroner Date signed 4-3-47

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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, above space should be left blank.