

S. No. 2
1-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8376

State File No.

FILED MAR 25 1948

Registration District No.

Primary Registration District No. 3020

Registrar's No. 35

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

1. PLACE OF DEATH: Franklin
(a) County
(b) City or town Washington
(c) Name of hospital or institution St. Francis Hospital
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Union
(d) Street No. Rural Route
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emil Joseph Vollmer
(b) If veteran, name war
(c) Social Security No. 708-14-7574

20. DATE OF DEATH: Month 9th day March
year 1948 hour 1 minute 43 A.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married divorced single
(b) Name of husband or wife
(c) Age of husband or wife if alive years
7. Birth date of deceased June 15th 1907
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-3, 1948, to 3-9, 1948
that I last saw him alive on 3-8, 1948, and that death occurred on the date and hour stated above.
Immediate cause of death: Diabetes, a Diabetic Coma.
Duration 10 yrs.

8. AGE: Years 40 Months 8 Days 24 If less than one day hr. min.

Due to
Due to

9. Birthplace Union Mo.
10. Usual occupation Section work Rail Road
11. Industry or business

Other conditions
Major findings: Of operations
Of autopsy

MOTHER, FATHER { 12. Name George Vollmer
13. Birthplace Krakow Mo.
14. Maiden name Katie Hoelscher
15. Birthplace Krakow Mo.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Henry Vollmer
(b) Address Union Mo.
17. (a) Burial (b) Date thereof 3/11/1948
(c) Place: burial or cremation Conception
18. (a) Signature of funeral director E. A. Ottmann
(b) Address
19. (a) 3-10-48 (b) Registrar's signature

23. Signature H. M. Senny (M. D. or other)
Address Union Mo. Date signed 3-9-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 23 1948

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.....

E. F. Oltram

Licensed Embalmer No. *1686*

P. O. Address *Union 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.