

FILED MAY 11 1948

Registration District No.

Primary Registration District No.

5433

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Union R.R.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

Bernard H. Volm

3. (b) If veteran, name war World War #1 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 Mattie E. Volm nee Arbogast 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased August 6th, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 8 20 hr. min.

9. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Electrical Contractor

11. Industry or business Robinson Electric Company

12. Name August Volm

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

14. Maiden name Henrietta Graupner

15. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Volm

(b) Address 4892 San Francisco Avenue

17. (a) Entombment (b) Date thereof 5/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Boulevard

19. (a) May 2nd 1948 (b) F. T. Cooper etc.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4892 San Francisco Avenue, 15 9
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month April day 26th
year 1948 hour _____ minute _____ 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 Suicide Duration _____

By hanging self to beam of spin swing with his necktie around his neck.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 16 4 A

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) Suicide

(b) Date of occurrence 4/26/48

(c) Where did injury occur? Union Franklin Mo
(City or town) (County) (State)

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

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

23. Signature E. H. Altman I Corone

Address Union Mo Date signed 4/27/48

MAY 24 1948

Date Filed 5/16/48
District File Number _____

District Health Officer No. 9,

RECEIVED

MAY 21 1948

AUG 21 1948

SEP 1 1948

MAY 11 1948

JUN 15 1950

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. H. Ottmann

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.