

FILED MAY 15 1948

318

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County..... **St. Louis**

(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **4433 Labadie Ave.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **70 years**
(Specify whether years, months or days)

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..... **4433 Labadie Ave.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME..... **Eduard G. Volk**

3. (b) If veteran, name war..... **none**

3. (c) Social Security No. **none**

4. Sex..... **male** 0

5. Color or race..... **white**

6. (a) Single, widowed, married, divorced..... **Divorced**

6. (b) Name of husband or wife.....

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

7. Birth date of deceased..... **September 18th, 1877.**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	7	17 hr. min.

9. Birthplace..... **St. Louis Mo.** 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... **retired**

11. Industry or business.....

12. Name..... **Mathews Volk**

13. Birthplace..... **St. Louis Mo.** 0
(City, town, or county) (State or foreign country)

14. Maiden name..... **unknown.**

15. Birthplace..... **St. Louis Mo.** 0
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Edna Blose**

(b) Address..... **4433 Labadie Ave.**

17. (a) **Burial** (b) Date thereof..... **5-7-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Lake Charles Cem. Hy. Leidner U. Co.**

18. (a) Signature of funeral director..... **2223 St. Louis Ave.**

(b) Address.....

19. (a) **MAY 6 1948** (b) **J. F. Brainerd**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **May** day..... **5th**
year..... **1948** hour..... **12:05** AM minute..... **AM**

21. I hereby certify that I attended the deceased from **May 3 1948** to **May 5 1948**
that I last saw him alive on **May 5 1948**
and that death occurred on the date and hour stated above

Immediate cause of death..... **Chronic Myocarditis 11-1-1947**

Due to..... **Arteriosclerosis 11-1-1947**

Due to.....

Other conditions..... **92**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsies.....

PHYSICIAN

Underline the cause of 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..... (Specify type of means of injury).....

23. Signature..... **Wm. H. Dymally** M. D. or other..... **M.H.O.**
Address..... **350 2 1/2 W. Grand St.** Date signed..... **5-6-48**

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

MOTHER FATHER

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.....

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address. *2223 St. Louis*

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.