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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18113

Primary Registration District No. 1003

Registrar's No. 4792

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WEEKS (Specify whether years, months or days)

In this community 36 YEARS

2. USUAL RESIDENCE OF DEECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 17 (If outside city or town limits, write "RURAL")

(d) Street No. 3818 a LINCOLN AVE (If rural, give location) 4

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME AUGUST VOLKERT

3. (b) If veteran, name war WORLD WAR #1

3. (c) Social Security No. 493-10-8811

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

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

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased DEC. (Month) 8 (Day) 1891 (Year)

8. AGE: Years 56 Months 5 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace COLUMBIA (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation CABLE SPLICER

11. Industry or business ST. LOUIS PUBLIC SERVICE

MOTHER FATHER

12. Name JOHN VOLKERT

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

14. Maiden name AUGUSTA HEIL

15. Birthplace COLUMBIA (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant THEODORIA VOLKERT

(b) Address 3818a LINCOLN AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/26/48 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Lindmeyer & Sons

(b) Address 3934 N. 20 ST.

19. (a) MAY 25 1948 (Date received local registrar) (b) J. F. Brewer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd year 1948 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from 5/4/48, 19__, to May 23rd, 1948, that I last saw him alive on May 23rd, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver (Laennec's) 2 years

Due to

Due to

Other conditions chronic alcoholism (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 1515 Lafayette (M. D. or Coroner) 5/24/48

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Neville B Trohwitter

Licensed Embalmer No. 3696

P. O. Address 3934 N 20th. St

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.