

S. No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18334

State File No. _____
Registrars No. 32

Registration District No. 219 Primary Registration District No. 6079

1. PLACE OF DEATH:
(a) County STE. GENEVIEVE
(b) City or town RURAL STE. GENEVIEVE T.S.
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County STE. GENEVIEVE
(c) City or town RURAL (If outside city or town limits, write "RURAL") 95
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME ANTHONY VOLT
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 8 year 1948 hour 5 minute 20 P.M.
21. I hereby certify that I attended the deceased from May 7 48 to May 8 48
that I last saw him alive on May 7 48 and that death occurred on the date and hour stated above.
Immediate cause of death: emphysema, pneumonia, arterio sclerosis
Due to: _____

4. Sex MAKE 5. Color or race WHITE
6. (b) Name of husband or wife VERONICA STOLL
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased SEPT 19 1866 (Month) (Day) (Year)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 81 Months 6 Days 19 If less than one day hr. min.

9. Birthplace RIVER AUX VASCS MO (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name ROMAN VOLT

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

14. Maiden name LOUISE GELL
15. Birthplace BADEN GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Reinhold Volt
(b) Address River aux Vasse Mo

17. (a) BURIAL (b) Date thereof 5-11-48 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation River aux Vasse Mo

18. (a) Signature of funeral director: H.C. Bacher
(b) Address Ste. Genevieve Mo

19. (a) 5-12-48 (b) Helen M. Karl (Date received local registrar) (Registrar's signature)

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?
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature: H. C. Bacher (M. D. or other) M.D.
Address: Ste. Genevieve Mo Date signed: 5-14-48

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

RECEIVED

District Health Officer No. 4

District File Number 548-682

Date Filed 5-27-48

[Handwritten notes and signatures, including "Adrian J. Ehler" and "Res. C. Basler"]

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.....

Adrian J. Ehler....., Registered Apprentice No. 34,
working under my personal supervision.

Signed Res. C. Basler.....

Licensed Embalmer No. 1985.....

P. O. Address St. Simons Is......

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.