FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

21784
State File No. 1

Registration District No. 817 Primary Registration District No. 6076

Registrar's No. 1654

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hall's Ferry Memorial Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4127a McRee Ave. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME JOHN H. VOLLMER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Late Anna M.

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

7. Birth date of deceased Nov. (Month) 27 (Day) 1868 (Year)

8. AGE: Years 79 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Washington (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Fireman (Retired 12 Years)

11. Industry or business Rethemeyer Coffee Co.

MOTHER FATHER

12. Name Henry Vollmer

13. Birthplace (City, town, or country) Mo. (State or foreign country) 0

14. Maiden name Louise Schaefer

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

16. (a) Informant Clara Vollmer
(b) Address 4127a McRee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) 7-8-48 (Date received local registrar) (b) Earl A. Hopkins (Registrar's signature) 0 MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1948 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from June 8 1948, to July 4 1948 that I last saw him alive on July 4 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Thrombosis

Due to Hypertension

Due to 4 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (e) Means of injury

23. Signature H. E. Sauer (M. D. or other)
Address Tindell Trust Bldg. Date signed 7-6-48

Jefferson City Printing Co.

(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 Edwin L. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.