No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34798

Registration District No. 319 Primary Registration District No. 1003 Registrar's No. 8632

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Home of the Friendless 4431 S. Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4431 S. Broadway
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Miss Carrie Voll

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 14 (Day) 1858 (Year)

8. AGE: Years 89 Months 11 Days 19 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name John Voll
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hannah Rekter
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. Jones
(b) Address 4431 S. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa St.

19. (a) OCT 4 1948 (Date received local registrar) (b) J. F. Bruscek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3 year 1948 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from October, 1931, to October 3, 1948, that I last saw her alive on Oct 1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of left breast	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Metastases to Abdomen & Lungs	

Major findings:
Of operations no
Of autopsy no

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) no
(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 Chas. E. Hindman M. D. or other MD
Address 372 Washington Date signed 10/4/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Chas. Hyndmann

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 Louis C. Hoffmann

Licensed Embalmer No. 3821

P. O. Address 7814 S. Broadway

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.