No. 300
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FILED JUN 29 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 22100

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5375

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 539 Calvary Avenue

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2089
d. STREET ADDRESS (If rural, give location) 539 Calvary Avenue

**3. NAME OF DECEASED** (Type or Print)
a. (First) Gustav
b. (Middle) A.
c. (Last) Vollmer

**4. DATE OF DEATH** (Month) June (Day) 17 (Year) 1950

**5. SEX** male
**6. COLOR OR RACE** white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Divorced
**8. DATE OF BIRTH** May 25, 1894
**9. AGE** (In years last birthday) 56 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Laborer
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country) St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Otto Vollmer
**13b. MOTHER'S MAIDEN NAME** Bertha Kujath
**14. NAME OF HUSBAND OR WIFE** -

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** Mrs. Bertha Cramer, 1923a E. Prairie Ave. ADDRESS

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Intestinal Hemorrhage

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [X] NO [ ]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?** 5781

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 8:09 a.m., from the causes and on the date stated above.*

**23a. SIGNATURE** Joseph M. Quinn Deputy Coroner (Degree or title)
**23b. ADDRESS** 1300 Clark
**23c. DATE SIGNED** 6/20/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify) burial
**24b. DATE** June 20, 1950
**24c. NAME OF CEMETERY OR CREMATORY** Friedens Cemetery
**24d. LOCATION** (City, town, or county) St. Louis, (State) Missouri

**DATE REC'D BY LOCAL REG.** JUN 20 1950
**REGISTRAR'S SIGNATURE** J. B. Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE** Math Hermann & Son, Inc. ADDRESS 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Homer H. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis, Mo

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.