

FILED SEP 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 28977

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 2261

1. PLACE OF DEATH
a. COUNTY **St. Louis**
b. CITY (If outside corporate limits, write RURAL and give township) **Overland**
c. LENGTH OF STAY (In this place) **30 yrs**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **2430-Gothland Avenue**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **St. Louis**
c. CITY (If outside corporate limits, write RURAL and give township) **Overland** **4221**
d. STREET ADDRESS (If rural, give location) **2440-Gothland Avenue**

3. NAME OF DECEASED
a. (First) **Ethel** b. (Middle) **May** c. (Last) **Volz**

4. DATE OF DEATH (Month) (Day) (Year)
Aug. 27, 1950

5. SEX **Female**
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
May 14, 1880

9. AGE (In years last birthday) **70** IF UNDER 1 YEAR Months **3** IF UNDER 6 MRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
household

11. BIRTHPLACE (State or foreign country)
Iberia, Mo.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Fred Bower

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Theodore J. Volz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Theodore J. Volz 2440-Gothland Overland, Mo.

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) **Myocardial degeneration**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Arthritis**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 wks
8 wks
4222

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES 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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 10, 1940**, to **8-27, 1950**, that I last saw the deceased alive on **8-26, 1950**, and that death occurred at **4:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Herman J. Klaeber M.D.

23b. ADDRESS
9621 Highland Rd.

23c. DATE SIGNED
8-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
8-30-1950

24c. NAME OF CEMETERY OR CREMATORY
Laurel Hill Gardens

24d. LOCATION (City, town, or county) (State)
Wellston, Mo.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
8-29-50 Herbert R. Danke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Braunman Bros. Inc. 2504-Woodson Rd. Overland-14-Mo.

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

new in 1940

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.....

Cesar F Mueller

Signed.....
Student Embalmer

Licensed Embalmer No.

30139

P. O. Address.....

Overland 14 Mo

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.