

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28821
7568

State File No.

Registrar's No.

FILED SEP 1 1951

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. <u>28821</u>		Registrar's No. <u>7568</u>				
1. PLACE OF DEATH a. COUNTY <u>1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2169						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3333 VIRGINIA</u>				STREET ADDRESS (If rural, give location) <u>16 3333 VIRGINIA</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACOB</u>			b. (Middle) <u>-</u>			c. (Last) <u>VOLLMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 24, 1951</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 26 1882</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	Hours _____	Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED RAILROAD INS.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (State or foreign country) <u>AUSTRIA</u>			12. CITIZEN OF WHAT COUNTRY? <u>4</u>			
13a. FATHER'S NAME <u>MICHAEL VOLLMER</u>				13b. MOTHER'S MAIDEN NAME <u>MARGARET BAMBACH</u>			14. NAME OF HUSBAND OR WIFE <u>ANNA VOLLMER</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ANNA VOLLMER 3333 VIRGINIA</u>						
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Disease. Arterio Sclerotic.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> 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 <u>1 1/2 yrs.</u> <u>2 days.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>								
22. I hereby certify that I attended the deceased from <u>Jan. 2</u> , 19 <u>50</u> , to <u>Aug 24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug 24</u> , 19 <u>51</u> , and that death occurred at <u>6:05 P.M.</u> , from the causes and on the date stated above.												
23a. SIGNATURE <u>J. Quinn Chan. Rotten M.D.</u> (Degree or title)						23b. ADDRESS <u>2603 Cherokee St</u>			23c. DATE SIGNED <u>Aug. 25-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 27 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PK.</u>			24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>					
DATE REC'D BY LOCAL HEALTH DEPT. <u>2/28/55</u>		REGISTRAR'S SIGNATURE <u>J. Earl ...</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u>			ADDRESS <u>2906 Grannis</u>				

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.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Leo J. Rudde*

Licensed Embalmer No. *3989*

P. O. Address *St. Louis, 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.