

FILED MAR 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10711  
Registrar's No. 1885

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1947 <sup>9</sup> Congress		d. STREET ADDRESS (If rural, give location) 23 1947 <sup>9</sup> Congress	
3. NAME OF DECEASED (Type or Print) a. (First) Julius b. (Middle) Volkman c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Feb. 26, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JAN. 5, 1885
9. AGE (In years last birthday) 67	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HARNESS WORKER	10b. KIND OF BUSINESS OR INDUSTRY Invalid	11. BIRTHPLACE (State or foreign country) ST. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Max C. Volkman	13b. MOTHER'S MAIDEN NAME Josephine Koch	14. NAME OF HUSBAND OR WIFE None
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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Max Volkman 1947 <sup>9</sup> Congress	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Peptic Ulcer INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <input checked="" 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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 54.01	
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 6:10 P.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Walter Perry Deputy Coroner</i>		23b. ADDRESS 3 1300 Clark	23c. DATE SIGNED 2/28/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-29-52	24c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery	24d. LOCATION (City, town, or county) (State) ST. Louis, Mo.
DATE REC'D BY LOCAL REG. FEB 28 1952	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Will Boardman &amp; U. G. 8929 S. Jefferson Ave.</i>	

**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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So Jefferson

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.