

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 22 1952

State File No. **10712**
1782

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

1. PLACE OF DEATH a. COUNTY -----		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison	
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 Wood River	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3028 Lawton St.		d. STREET ADDRESS (If rural, give location) 926 Whitelaw Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Hanorah c. (Last) Volz		4. DATE OF DEATH (Month) (Day) (Year) Feb. 24 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 13, 1877
9. AGE (In years last birthday) 74		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Peoria, Illinois.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME James K. Kennedy	13b. MOTHER'S MAIDEN NAME Mary Cadle	14. NAME OF HUSBAND OR WIFE William Volz
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME James K. Volz ADDRESS Wood River, Ill.

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 4 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage			2 weeks
	DUE TO (c) arteriosclerosis			
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 type="checkbox"/> NO <input checked="" 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? 331X

22. I hereby certify that I attended the deceased from **1-9, 1952**, to **2-24, 1952** that I last saw the deceased alive on **2-23, 1952** and that death occurred at **8:55 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Harford Phillips MD (Degree or title)	23b. ADDRESS 1117 N. Union	23c. DATE SIGNED 2-25-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 27, 1952	24c. NAME OF CEMETERY OR CREMATORY Woodland Hill
24d. LOCATION (City, town, or county) (State) Wood River Twp. Madison Co.		

DATE REC'D BY LOCAL REG. FEB 25 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Robert H. Streep ADDRESS Alton, Ill.
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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 _____

Robert H. Streep

Signed.....
Student Embalmer

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.