

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11820

State File No.

BIRTH NO. _____ REG. DIST. NO. 36 PRIMARY REG. DIST. NO. 4531 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>	
c. LENGTH OF STAY (in this place) <u>2 months</u>		d. STREET ADDRESS (If rural, give location) <u>610 Houston Street</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Katy Jane Memorial Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Vollmer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 6 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 10, 1871</u>	9. AGE (in years last birthday) <u>80</u>	Months <u>11</u> Days <u>26</u>	IF UNDER 1223. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>O'Fallon, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph J. Vollmer</u>	<u>dec'd 1944</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vitalis Vollmer (son)</u>	ADDRESS <u>St. Charles, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tumor bone, left thigh</u>		
	ANTECEDENT CAUSES <u>type undetermined</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia hypertelae</u> DUE TO (c) <u>fracture</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 8, 1952 to March 6, 1952 that I last saw the deceased alive on March 5, 1952 and that death occurred at 3:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Deponent title) <u>Harold D. Hulse</u>	23b. ADDRESS <u>Warrenton Mo</u>	23c. DATE SIGNED <u>3-7-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 8, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-7-52</u>	REGISTRAR'S SIGNATURE <u>Floyd Logan</u>	421-10	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Hallmeyer & Sons Co</u>	ADDRESS <u>800 W. 2nd St. St. Louis, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1090

Hand

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 Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.