

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36063

State File No. ....  
Registrar's No. 1223

FILED NOV 3 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058

923  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u> <u>0923</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>215 South 6th. Street</u>	
3. NAME OF DECEASED a. (First) <u>MARIE</u> (Type or Print)		b. (Middle) <u>--</u> c. (Last) <u>VOLLMER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>10 22 1952</u>		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 3, 1894</u>		9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>19</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
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>St. Peter's, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry L. Ernst</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Schlenke</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles Vollmer (Dec'd.)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>Nil</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Vollmer, Jr.</u> ADDRESS <u>St. Charles, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage Common Hepatic artery</u> ANTECEDENT CAUSES DUE TO (b) <u>Sub Hepatic abscess.</u> DUE TO (c) <u>Cholecysto Bursenal Distula</u> II. OTHER SIGNIFICANT CONDITIONS.. <u>Cholelithiasis</u> <u>Cholelithiasis</u> Conditions contributing to the death but not related to the disease or condition causing death <u>Intestinal obstruction (ileum)</u> <u>due to gall stones</u> <u>Cholelithiasis + Cholecystitis</u> <u>obstruction ileum (sting)</u>	
19a. DATE OF OPERATION <u>9/16/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cholelithiasis + Cholecystitis</u>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>584 X</u>		22. I hereby certify that I attended the deceased from <u>9-6-52</u> to <u>10-22-52</u> , that I last saw the deceased alive on <u>10-20-52</u> , and that death occurred at <u>12:45 pm</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>R. J. Smith</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>126 S. Main St.</u>	
23c. DATE SIGNED <u>10-15-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct. 25, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Charles Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. Dallmeyer &amp; Sons Co.</u> ADDRESS <u>St. Charles</u>	
DATE REC'D BY LOCAL REG. <u>10-25-52</u>		REGISTRAR'S SIGNATURE <u>Fannie Hamilton</u>	

APR 29 1967

**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 Frank R Amalano

Licensed Embalmer No. 4832

P. O. Address St. Charles

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.