

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED SEP 24 1953**

State File No. **34245**  
**8196**  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2099</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>1 week</b>		d. STREET ADDRESS (If rural, give location) <b>1510 East College Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Henry</b> b. (Middle) c. (Last) <b>Vollmer</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>August 21, 1953.</b>		
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<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>May 9, 1881</b>	<b>9. AGE</b> (In years last birthday) <b>72</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Watchman</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Missouri.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
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<b>13a. FATHER'S NAME</b> <b>Christ Vollmer</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Bernadine Backlitz</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Louise Vollmer</b>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Louise Vollmer</b>		<b>ADDRESS</b> <b>1510 E. College Ave.</b>	
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>19. INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <i>Dilated coronary heart disease</i>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <i>Coronary artery disease</i> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>163x</b>	
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**22. I hereby certify that I attended the deceased from** *Jan 1954*, **to** *21 Aug, 1953*, **that I last saw the deceased alive on** *21 Aug, 1953*, **and that death occurred at** *8:25 P.M.*, **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Richard C. ...</i>		<b>23b. ADDRESS</b> <i>4007 W. ...</i>		<b>23c. DATE SIGNED</b>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>8-25-53.</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Missouri.</b>	
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<b>DATE REC'D BY LOCAL REG.</b> <b>AUG 24 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <i>J. Earl Smith M.D.</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Math Hermann &amp; Son, Inc.</i>		<b>ADDRESS</b> <b>2161 E. Fair Ave.</b>	
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*E.P.* (Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_  
Signed *Glen W. Day* \_\_\_\_\_  
Licensed Embalmer No. *3737* \_\_\_\_\_  
P. O. Address *St. Louis Mo* \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.