

FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34246
State File No.
Registrar's No. 8131

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) Life
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Res 23 S. Euclid e. STREET ADDRESS (If rural, give location) 12 23 S. Euclid

3. NAME OF DECEASED a. (First) John b. (Middle) G. c. (Last) Vollmer 4. DATE OF DEATH (Month) (Day) (Year) Aug. 20, 1953

5. SEX M 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Oct. 23, 1866 9. AGE (In years last birthday) 86yrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Herman Vollmer 13b. MOTHER'S MAIDEN NAME Josephine Kleine 14. NAME OF HUSBAND OR WIFE Minnie L. Vollmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Ethel M. Hesse 18. ADDRESS 23 S. Euclid

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) Carcinoma stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 151 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22: I hereby certify that I attended the deceased from 8/17 1953, to _____, 19____, that I last saw the deceased alive on 8/20, 1953, and that death occurred at 4:20 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____ 23b. ADDRESS 634 N. Grand. 23c. DATE SIGNED 8/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug. 22, 1953 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) St. Louis Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 21 1953 J. Earl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons 6175 Delmar

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

Dr Wm Missey
Mo Theatre Bldg
Ne 5234
10-1

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.....
Signature of Student Embalmer

Signed.....
J. Allen Davis

Licensed Embalmer No.....
465

P. O. Address.....
A.H.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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