

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21904

State File No. _____

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>363</u>		PRIMARY REG. DIST. NO. <u>6236</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Charrette</u>			c. LENGTH OF STAY (in this place) <u>23 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u>			<u>4000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Emmaus Home</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>Vollmach</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Sept. 1, 1885</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Manchester Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Henry Vollmach</u>		13b. MOTHER'S MAIDEN NAME <u>Emilie Prasse</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John G. Ruhl, Marthasville, 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>Intertitial nephritis</u> ANTECEDENT CAUSES <u>General anemia</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Direct inginal hernia</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>3 yr</u> <u>8 yr</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input 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) <u>293 X</u>				
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? _____				
22. I hereby certify that I attended the deceased from <u>Oct 6, 1953</u> to <u>6/14, 1954</u> , that I last saw the deceased alive on <u>6/14, 1954</u> , and that death occurred at <u>9:30 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. C. Johnson M.D.</u>				23b. ADDRESS <u>Marthasville Mo.</u>		23c. DATE SIGNED <u>6/17/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/17/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Emmaus Home Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marthasville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6/17/54</u>		REGISTRAR'S SIGNATURE <u>J. C. Johnson</u>		25. FUNERARY DIRECTOR'S SIGNATURE <u>W. F. Schenck</u>		ADDRESS <u>Marthasville, Mo.</u>		

(Licensed Embalmers' Statement on Reverse Side)

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

APR 21 1954

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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 Samuel F. Zickler, Jr.
Licensed Embalmer No. 4318

P. O. Address Marionville, 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.