

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

FILED APR 11 1955

State File No. **10329**
2928

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4892 San Francisco Avenue, 15, | | | | d. STREET ADDRESS (If rural, give location) 4892 San Francisco Avenue, 15, | | | |
| 3. NAME OF DECEASED a. (First) NANCY (Type or Print) | | b. (Middle) JEANNE | | c. (Last) VOLM | | 4. DATE OF DEATH (Month) (Day) (Year) March 28th, 1955 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | | 8. DATE OF BIRTH Nov. 3rd, 1923 | |
| 9. AGE (In years last birthday) 31 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 2 WKS. Hours _____ Mins. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Economist Expert | | 10b. KIND OF BUSINESS OR INDUSTRY Union Electric Co. | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Bernard H. Volm | | 13b. MOTHER'S MAIDEN NAME Mattie Arbogast | | 14. NAME OF HUSBAND OR WIFE None | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 487-26-2604 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mattie Volm, 4892 San Francisco Ave. | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Strangulation due to hanging. ANTECEDENT CAUSES when deceased was found hanging from rafters in garage in rear of home, 4892 San Francisco Ave., on Mar 28 1955 about 8:50 pm. II. OTHER SIGNIFICANT CONDITIONS suicide while suffering from temporary mental aberration | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Garage | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Mar 28 55 8:50 p.m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? E974x | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Name or title) Talbert P. Taylor Coroner | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 3 31 55. | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 4/2/55 | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri. | |
| DATE REC'D BY LOCAL REG. MAR 31 1955 | | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. PEUTZ, 4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis Co., Mo. | | | |

S.P. (Licensed Embalmer's Statement on Reverse Side)

FEB 28 1953

MAY 13 1953

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 John A. Mlenar

Licensed Embalmer No. 4186

P. O. Address St. Louis

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.