

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012446

STATE FILE NUMBER  
2595

FILED MAR 31 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 2595

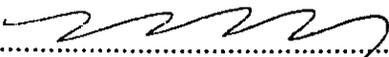
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>2179</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>17 4157 BOTANICAL</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>EDWARD LEO VOLKERDING</u>			4. DATE OF DEATH Month Day Year <u>MARCH 3, 1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV. 15 1874</u>		9. AGE (In years last birthday) <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HENRY VOLKERDING</u>		13b. MOTHER'S MAIDEN NAME <u>KATE KLEYKAMP</u>	
14. NAME OF HUSBAND OR WIFE <u>LENA A. VOLKERDING</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>ELMER L. VOLKERDING</u>		Address <u>3922 ARSENAL</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GRAM NEGATIVE BACTEREMIA WITH SHOCK</u> DUE TO (b) <u>ACUTE MONOCYTTIC LEUKEMIA</u> DUE TO (c) <u>204.2</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u> <u>6 MONTHS</u>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>1</u>		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>FEB. 20, 1958</u> to <u>MARCH 3, 1958</u> and last saw her/him alive on <u>MARCH 3, 1958</u> Death occurred at <u>1:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>C. P. Vermillion, M. P. M. D.</u>		22b. ADDRESS <u>BARNES HOSPITAL</u>		22c. DATE SIGNED <u>3/3/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>MAR. 5 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PARK</u>	
23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>		23e. NAME OF CEMETERY OR CREMATORY <u>ST. LOUIS Mo</u>		23f. LOCATION (City, town, or county) (State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Thomas Tuttle 2906 Harris</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>MAR 4 '58</u>	
26. REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u>		27. REGISTRAR'S SIGNATURE <u>m g B.</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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  .....

Licensed Embalmer No. <sup>4347</sup>.....

P. O. Address <sup>2906 Shaw</sup>.....

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.