Health, Welfare Public Service

FILED MAY 8 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016573

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4683

1. PLACE OF DEATH a. COUNTY St. Louis

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St.Louis,Mo. Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis City Hospital #1 Length of stay in 1b 2 4

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY

c. CITY OR TOWN St.Louis Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 2006 Chippewa St. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Margaret Middle Last Vollmer

4. DATE OF DEATH Month 4 Day 29 Year 58

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH June 22,1870

9. AGE (In years last birthday) 87 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) None

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (City and state or country) St.Louis,Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME (Unknown)Kupfer

13b. MOTHER'S MAIDEN NAME Caroline(Unknown)

14. NAME OF HUSBAND OR WIFE George H.Vollmer (dec'd)

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 Fred P.Vollmer Address 2006 Chippewa St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) MALNUTRITION

DUE TO (c) 286.5

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 4/23/58, to 4/29/58 and last saw her/him alive on 4/29/58

Death occurred at 5:10 p.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A J Greenbank M.D.

22b. ADDRESS 1515 Lafayette

22c. DATE SIGNED 4/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 5-2-58

23c. NAME OF CEMETERY OR CREMATORY New St.Marcus Cemetery

23d. LOCATION (City, town, or county) (State) St.Louis,Missouri

24. FUNERAL DIRECTOR Southern Funeral Home ADDRESS 6322 S.Grand

25. DATE RECD. BY LOCAL REG. MAY 1 '58

26. REGISTRAR'S SIGNATURE J Carl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ..... Signed David Van Fassen

Signature of Student Embalmer

Licensed Embalmer No. 4242

P. O. Address St. Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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