

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028736  
State File No.

FILED AUG 18 1958

BIRTH NO. _____		REG. DIST. NO. <u>115-116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>213</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Mo.</u>		c. LENGTH OF STAY (In this place) <u>1 Day</u>		c. CITY OR TOWN <u>ST. CLAIR</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) <u>DAISY</u>		a. (First)		b. (Middle)		c. (Last) <u>VOLKER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 11 1958</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MARCH 9, 1887</u>		9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>5</u> DAYS <u>2</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>LOUIS KLEIN</u>		13b. MOTHER'S MAIDEN NAME <u>CHRISTINA HORNEHE</u>		14. NAME OF HUSBAND OR WIFE <u>WASHINGTON VOLKER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-22-0346</u>		17. INFORMANT'S SIGNATURE OR NAME <u>By Audrey Kitcher</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>LARYNGEAL CARCINOMA FAILURE</u> ANTECEDENT CAUSES <u>URACIA</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTHRITIS OF C.V. DISORDERS</u> <u>CHRONIC PULMONARY CONGESTION</u> 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 <u>2 DAYS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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)			
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>1952</u> to <u>DEATH</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>8-11</u> , 19 <u>58</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John H. Paul, M.D.</u> (Degree or title)				23b. ADDRESS <u>St. Clair, Mo.</u>		23c. DATE SIGNED <u>8-12-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug. 14, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JEFFERSON BARBARA</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO.</u>	
DATE REC'D BY LOCAL REG. <u>8/12/58</u>		REGISTRAR'S SIGNATURE <u>F. J. Schubert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sherrard W. Kitcher</u> ADDRESS <u>St. Clair, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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. 387

P. O. Address St. Clair

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.