Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002654
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Farmington / St. Francois Twp. — Inside Limits: Yes ☐ No XX
c. FULL NAME OF HOSPITAL OR INSTITUTION: State Hospital #4 — Length of Stay in Hospital: 6Yrs. 11Mo. 25das.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Lemay — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 9017 So. Broadway — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: JOHN — Middle: — Last: VOLLMAN

4. DATE OF DEATH: Month Jan. Day 12 Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: July 27, 1898

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 5 Days 16 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: None

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

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

13a. FATHER'S NAME: John Vollman

13b. MOTHER'S MAIDEN NAME: Cecelia Weber

14. NAME OF HUSBAND OR WIFE: Mae Vollman

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.: 488-07-7155

17. INFORMANT: Mae Vollman 9017 So. Broadway (25) St. Louis, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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): Cerebral hemorrhage, massive — — — — — — — — — — — — Abt. 24 hrs.

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

DUE TO (b): Vascular syphilis — abt. 12 yrs.

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Psychosis with syphilitic meningo-encephalitis (general paresis) C25X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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 Jan. 17, 1952, to Jan. 12, 1959 and last saw him alive on Jan. 12, 1959. Death occurred at 10:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John A. Bressman M.D.

22b. ADDRESS: State Hospital No. 4 Farmington, Mo.

22c. DATE SIGNED: Jan. 12, '59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Jan. 15, 1959

23c. NAME OF CEMETERY OR CREMATORY: Park Lawn Cemetery

23d. LOCATION (City, town, or county) (State): Lemay (25) Missouri

24. FUNERAL DIRECTOR ADDRESS: Fendler und. Co. 7420 Michigan Ave. St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.: Jan. 22, 1959

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

JAN 27 195

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Mich

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.