

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023498
STATE FILE NUMBER

WED JUL 1 1959 Registration District No. _____ Primary Registration District No. _____ Registr. No. 5736

S. 300
1-57

794
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DeLoe Hospital		Length of stay in lb 51	d. STREET ADDRESS (If outside, give location) 1914a E. Obeare Ave.
3. NAME OF DECEASED (Type or print) First Middle Last Maurice H. Vollmer			4. DATE OF DEATH Month Day Year 6 15 1959
5. SEX M a W	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 23, 1907
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		9b. KIND OF BUSINESS OR INDUSTRY Board of Education	9c. AGE (In years last birthday) 51
10a. FATHER'S NAME John Vollmer		10b. MOTHER'S MAIDEN NAME Sophia Mohr	10c. BIRTHPLACE (City and state or country) St. Louis, Missouri
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		11. SOCIAL SECURITY NO. 490-01-5141	11. INFORMANT Mrs. Eve Vollmer 1914a E. Obeare Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>uremia</i> DUE TO (b) <i>Chr. glomerular nephritis</i> DUE TO (c) <i>592X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <i>Chr. myocardial damage + pericarditis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 mos</i> <i>6 mos +.</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>2-6-59</i> to <i>6-15-59</i> and last saw him alive on <i>6/14/59</i> Death occurred at <i>11:30</i> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>C. K. Reinhardt M.D.</i>		22b. ADDRESS <i>508 N Grand</i>	
22c. DATE SIGNED <i>6/16/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>June 18, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Bethlehem Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>
24. FUNERAL DIRECTOR <i>Suedmeyer & Sons</i>		24. ADDRESS <i>3934 N. 20th St.</i>	25. DATE RECD. BY LOCAL REG. <i>JUN 16 59</i>
26. REGISTRAR'S SIGNATURE <i>Loard Smith, M.D.</i> <i>mje</i>			

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 *J. W. Binkley*
Licensed Embalmer No. *3653*
P. O. Address *St. Louis*

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.