MI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-025046
STATE FILE NUMBER

FILED VS JUL 12 1960 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6628

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in Ib: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Louis Little Rock H Hospitals, Inc.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St.Charles
c. CITY OR TOWN: St. Charles
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Hyway "B" 16 Ferdin Dr
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Ralph Middle: Last: Vollmar
4. DATE OF DEATH: Month: June Day: 29 Year: 19 60
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-5-1902
9. AGE (last birthday): 57
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): St.Louis
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Louis Vollmar
13b. MOTHER'S MAIDEN NAME: Daisy Trackler
14. NAME OF HUSBAND OR WIFE: Wife Helen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-01-7891
17. INFORMANT: Mrs.Helen Vollmar,# 16 Dardeene Dr. Address

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 June 27, 1960, to June 29, 1960 and last saw him alive on June 28, 1960
Death occurred at 6 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Benjamin H. Clark, M.D.
22b. ADDRESS: 1755 So. Grand Blvd
22c. DATE SIGNED: JUN 30 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/2/1960
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis County,Mo.

24. FUNERAL DIRECTOR: Donnelly Funeral Home ADDRESS: 3840 Lindell
25. DATE RECD. BY LOCAL REG.: JUN 30 1960
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D. MJB

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.