MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7326

-61-027444
STATE FILE NUMBER

AMENDED

FILED AUG 14 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
			57

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 2 yrs.

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

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Good Samaritan Home — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Good Samaritan Home 5200 So. Broadway — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Ida Middle Last Volkmar

4. DATE OF DEATH Month 8 Day 5 Year 61

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 12/2/76

9. AGE (last birthday) 84

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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

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

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

13a. FATHER'S NAME Dietrich Carmer

13b. MOTHER'S MAIDEN NAME Catherine M. Thee

14. NAME OF HUSBAND OR WIFE John C. Volkmar

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. None

17. INFORMANT Mr. H. E. Koenig, Address 5200 S.Broadway

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 — INTERVAL BETWEEN ONSET AND DEATH 2 wks

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

DUE TO (b) Hypertension

DUE TO (c) Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X

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 7/18/61, to 8/5/61 and last saw her/him alive on 8/4/61

Death occurred at 9:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. F. Henn MD

22b. ADDRESS 5203 Chippewa

22c. DATE SIGNED 8/7/61

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

23b. DATE 8/8/61

23c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery

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

24. FUNERAL DIRECTOR Drehmann-Harral ADDRESS 1905 Union

25. DATE RECD. BY LOCAL REG. AUG 7 1961

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

Dr. W. F. Neun
5203 Chippewa
Fl. 2-6670

Hrs. 2-4:30 PM Mon.

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 Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address [illegible]

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.