

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008875

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1671

FILED FEB 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 21 days		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>															
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis - Little Rock Hospitals, Inc.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 3924 North 20th. Str.		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															
3. NAME OF DECEASED (Type or print) First Henry Middle J. Last Vollmer			4. DATE OF DEATH Month February Day 8 Year 1962			5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-7-1876		9. AGE (last birthday) 85		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) Retired Bridge Inspector				10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis				11. BIRTHPLACE (City and state or country) St. Louis, MO.				12. CITIZEN OF WHAT COUNTRY USA											
13a. FATHER'S NAME John H. Vollmer				13b. MOTHER'S MAIDEN NAME Anna Krallman				14. NAME OF HUSBAND OR WIFE Eveline Vollmer (deceased)				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO.				17. INFORMANT George G. Vollmer 917 Hornsby Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease with Failure.												INTERVAL BETWEEN ONSET AND DEATH 10 yrs											
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)												DUE TO (c) 4200											
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a.m. p.m.		Month, Day, Year																					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 January 19, 1962 to February 8, 1962 and last saw him alive on 2-8-62 Death occurred at 6:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.																							
22a. SIGNATURE <i>Geo. G. Vollmer MD</i>						(Degree or title)		22b. ADDRESS 320 Washington St. Louis 8, MO				22c. DATE SIGNED 2/8/62											
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/10/1962		23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery				23d. LOCATION (City, town, or county) St. Louis County		STATE MO.													
24. FUNERAL DIRECTOR Suedmeyer Funeral Home, St. Louis, Mo.				ADDRESS 3934 N. 20th		25. DATE RECD. BY LOCAL REG. FEB 9 1962		26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>															

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St. Louis

St. Louis

St. Louis

3004 North 10th St.

Little Rock - Little Rock
- Little Rock

1981

8

February 8

John J. Haines

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Henry

88 2-7-1876

1

White

Male

St. Louis

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 John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo.

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.