

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City **St. Louis**

No. **3662 McRee Ave**

File No. **20808**
Registered No. **5282**
St. Ward)

2. FULL NAME

Pauline Volk

(a) Residence, No. **3662 McRee Ave** St. **17** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <i>John Volk</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 25 1861</i>		
7. AGE	YEARS <i>70</i>	MONTHS <i>10</i>
	DAYS <i>7</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 1 1932*

22. I HEREBY CERTIFY, That I attended deceased from *May 29 1932* to *June 1 1932*

I last saw h *alive* on *June 1 1932* Death is said to have occurred on the date stated above, at *125 P.M.*

The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage

Date of onset *5/29*

Other contributory causes of importance:
none

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>
	13. NAME <i>Frederick W. Dieckmann</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany 10</i>
	15. MAIDEN NAME <i>Not Known</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	17. INFORMANT <i>Mrs O Lillmann</i> (ADDRESS) <i>3662 McRee Ave</i>
	18. BURIAL, CREMATION OR REMOVAL PLACE <i>St. Peters</i> DATE <i>June 3 1932</i>
	19. UNDERTAKER <i>Wm T Paschedag</i> (ADDRESS) <i>2825 N Grand 6th</i>
	20. FILED <i>2 1932</i> <i>May 6 Stark off</i> Registrar

Name of operation *no* Date of ... *1*

What test confirmed diagnosis? *lab test* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: —
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify
(Signed) *D. V. Behrman*, M. D.
(Address) *2919 S. Kings Hwy, St. Louis*

