REC'D FEB 10 1939

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

335
Do not use this space.

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1003
335

1. PLACE OF DEATH
(a) County ..... Registration District No. 1
(b) Township ..... Primary Registration District No. ..... Registered No. .....
(c) City St. Louis, Missouri (d) Street No. City Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 79 yrs. mos. 6 ds. 20 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Volp (Voelp) 410
(a) Residence, No. 2818 S. Broadway St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-21-1859
7. AGE: YEARS 79 | MONTHS 6 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): W. Gansloser, M.D. 5400 Arsenal St
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 1-12 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Kriegshauser Mortuary 4228 So Kingshighway
20. FILED JAN 10 1939 19 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10-1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19, to 1-10-39, 19
I last saw him alive on 1-10-39, 19 Death is said to have occurred on the date stated above, at 12:20 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure (Hypertensive) 12-23-39	

95 b

Other contributory causes of importance:
Broncho-pneumonia 12-31-38
Cystitis {non catarrhal, non tubercular, non gonorrhoeic} 12-31-38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? .....
If so, specify .....
(Signed) W. Gansloser, M. D.
(Address) 5400 Arsenal St

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.