

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

FILED FEB 1 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **685**

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthonys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **50**

(a) State Missouri (b) County Jefferson

(c) City or town Hematite
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Charles Vollmar

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Yerger Vollmar

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb. 18 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1944 hour 1 minute _____ P.M.

21. I hereby certify that I attended the deceased from Sept 1943, 1943 to Jan. 21, 1944; that I last saw him alive on Jan. 21, 1944; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

80	11	3	hr. min.
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9. Birthplace Pevely, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

Immediate cause of death _____

General peritonitis 3 days

Due to mech. stenosis

Due to Valvular

Other conditions arterio-sclerosis
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Edward Vollmar

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Steringer

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Vollmar

(b) Address 10 Lake Forest, St. Louis County

17. (a) Burial (b) Date thereof Jan. 25 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Road at Concordia Lane

19. (a) JAN 24 1944 (b) J. F. Brueck
(Date received by registrar) (Registrar's signature)

PHYSICIAN

Major findings: See above

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature M. J. Bullman (M. D. or other) M.D.
Address University Club Bldg. Date signed 1-22-44

AUG 12 1958

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 Edward J. Bookheim
Licensed Embalmer No. 2502
P. O. Address Clayton Mo

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

If this body is not embalmed, fact should be so stated above.