

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39871**
11240
Registrar's No.

Registered in District No. **FILED JAN 5 1945 318**
Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3208a Kossuth Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 years
In this community 65 years, months or days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Miss Millie Volkmann
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY - 31st. 1879
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 27
If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Henry Volkmann

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

14. Maiden name Anna Engelberg

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

16. (a) Informant Miss Fredericka Volkmann

(b) Address 3208a Kossuth Ave.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 12-30-44
(Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.
DEC 30 1944
19. (a) (Date received local registrar) (b) J. F. Budeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3208a Kossuth Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th.
year 1944 hour 5:45 P. M. minute M.

21. I hereby certify that I attended the deceased from December 5, 1944 to December 28, 1944
that I last saw her alive on December 27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis
Duration 1 day

Due to cardio-renal disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 131
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

(c) 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 John B. Slesak (M. D. or other) M.D.

Address 2202 University Date signed 1/29/45

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

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address *2423 St. Louis Ave*

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