

**FILED** JUN 20 1946  
318

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
6432 Colorado  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6432 Colorado  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George D. Vollmar

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Vollmar 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased May 12, 1866  
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 21 If less than one day hr. min.

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

10. Usual occupation retired city clerk

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Geo. M. Vollmar  
13. Birthplace Not known  
14. Maiden name Elizabeth Scharff  
15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Vollmar  
(b) Address 6432 Colorado

17. (a) cremation (b) Date thereof 6/16/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director J L Ziegenhein & Sons  
(b) Address 7027 St. Louis

19. (a) JUN 5 1946 (b) J. F. Bredeck  
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8<sup>th</sup> year 1946 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb'y. 27<sup>th</sup> 1945 to June 3<sup>rd</sup> 1946 that I last saw him alive on June 2<sup>nd</sup> 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration 2 days

Due to Arterio Sclerosis - unknown

Other conditions Coronary Arterio Sclerosis unknown  
(Include pregnancy within 3 months of death)

Major findings: Of operations PH 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:

(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) (2) Means of injury \_\_\_\_\_

23. Signature William Starn (M. D. or other) W.D.  
Address 3601 S. Jefferson Date signed 6/14/46

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

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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 *W. L. Peterson*.....

Licensed Embalmer No. *3767*.....

P. O. Address *Overland 14 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 this body is not embalmed, fact should be so stated above.**