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7. 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. **32303**  
Registrar's No. **8135**

**FILED** **SEP 20 1946**

**1003**

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

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:  
3715 Palm St.  
(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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 10<sup>000</sup> 17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3715 Palm St.  
(If rural, give location) 9

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

**3. (a) PRINT FULL NAME** Augusta Volk

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Edward

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

7. Birth date of deceased August 16 1869  
(Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
<u>77</u>	<u>1</u>	<u>4</u>		hr. min.

9. Birthplace Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

**MOTHER FATHER**

12. Name Henry Dexheimer 4

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

14. Maiden name Julia Whittmer 4

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

16. (a) Informant Mrs. Paul Bauer

(b) Address 3715 Palm St.

17. (a) Burial (b) Date thereof 9/23/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Crown & Co.

(b) Address 3710 N. Grand Blvd.

19. (a) SEP 21 1946 (b) J. F. Bredick  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 20  
year 1946 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from 9-14, 1946 to 9-20, 1946  
that I last saw her alive on 9-20, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hemiplegia  
(Include pregnancy within 3 months of death)

Major findings:  
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:

(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)

Means of injury \_\_\_\_\_

23. Signature John P. War (M. D. or other) \_\_\_\_\_

Address 3579 Herbert Date signed 9-21-46

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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 E Morris* .....

Licensed Embalmer No. *3360* .....

P. O. Address.....

**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)*