

**FILED DEC 23 1946**

Registration District No. **318**

Primary Registration District No. **1003**

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

**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:  
Missouri Pacific 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)

**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. 6026 McPherson Avenue  
(If rural, give location)

(e) Citizen of foreign country?.....  
If yes, name country.....

**3. (a) PRINT FULL NAME** Henry Michael Vollmer

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

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

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mary Leona Vollmer

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased 5 13 1883  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
63	7	1	hr. min.

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

10. Usual occupation Chief clerk

11. Industry or business Terminal R. R.

**MOTHER FATHER**

12. Name Martin Vollmer

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

14. Maiden name Margdalene Firk

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

16. (a) Informant Mrs. Mary Leona Vollmer

(b) Address 6026 McPherson Avenue

17. (a) burial (b) Date thereof 12/17/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) DEC 18 1946 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12 day 14  
year 1946 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Coronary Thrombosis

Due to.....

Due to.....

Other conditions.....  
(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 Willard Perry (M. D. or other).....  
Address Depoy Corn Date signed 12/18/46

**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..... *Warren A. Carver* .....

Licensed Embalmer No. *3534* .....

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.**