S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11648

FILED MAR 31 1947

Registration District No. 318 Primary Registration District No. Registrar's No. 2015

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5419 Finkman Ave.
(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 Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5419 Finkman Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH VOLLING

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late John

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

7. Birth date of deceased Dec. (Month) 1 (Day) 1866 (Year)

8. AGE: Years 80 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Henry Ohlmeier

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

14. Maiden name Mary Gerling

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

16. (a) Informant Edna Healey
(b) Address 5419 Finkman Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 20 47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th year 1947 hour 10:20 minute P. M.

21. I hereby certify that I attended the deceased from Jan, 1 1940, 19 to March 17th, 1947 that I last saw Her alive on March 17th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart disease. — Duration

Due to Chronic Arthritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
(a) 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Clay Allen (M. D. or other)
Address 5912 S. Kingshighway Date signed 3/18/47

(Licensed Embalmer's Statement on Reverse Side)

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.