

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39618

State File No. _____

FILED DEC 6 1949

Registrar's No. 04543

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3069		Registrar's No. 04543			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (In this place) 18 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		964			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7327 Glades Ave.				d. STREET ADDRESS (If rural, give location) 7327 Glades Ave. 31					
3. NAME OF DECEASED (Type or Print) GEORGE			a. (First) b. (Middle) c. (Last) VOLLRATH			4. DATE OF DEATH (Month) (Day) (Year) Nov. 27, 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 19, 1883			
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo. D			
10a.		10b.		11.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME George Vollrath			13b. MOTHER'S MAIDEN NAME Meta Zounchen			14. NAME OF HUSBAND OR WIFE Caroline Vollrath			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 489-16-9676		17. INFORMANT'S SIGNATURE OR NAME Caroline Vollrath, 7327 Glades Ave. Richmond Heights					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Sanguine of right leg.</i> ANTECEDENT CAUSES <i>Endarteritis</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 456X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		456X							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Oct 10, 1949, to Nov. 22, 1949, that I last saw the deceased alive on Nov. 27, 1949, and that death occurred at 6:00 P.M., from the causes and on the date stated above.									
23a. SIGNATURE <i>H. F. Bergman</i> (Degree or title) M.D.				23b. ADDRESS 3220 Washington		23c. DATE SIGNED 11/28/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 11/30/49		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. 11-29-49		REGISTRAR'S SIGNATURE <i>Herbert B. Womack, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith 7450		ADDRESS Manchester Rd. Maplewood, Mo.			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address St. Louis 10, 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.