

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14248

State File No. 61

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>			c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>215 South Sixth Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>			b. (Middle) _____		c. (Last) <u>Vollmer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 31, 1890</u>		9. AGE (In years last birthday) <u>59</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ass't Foreman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>A.C. &amp; F. Co</u>		11. BIRTHPLACE (State or foreign country) <u>O'Fallon, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Mispagel</u>			13b. MOTHER'S MAIDEN NAME <u>Gertrude Vollmer</u>			14. NAME OF HUSBAND OR WIFE <u>Marie M. (Ernst) Vollmer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>494-01-8261</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Marie Vollmer-St. Charles, Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary embolism.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation.</u> DUE TO (c) <u>Gen. arterio Sclerosis.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</u> <u>2 wks.</u> <u>5 yrs -</u> <u>4500</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>12/6/1948</u> , to <u>4/15/1950</u> , that I last saw the deceased alive on <u>4/14/1950</u> , and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R. J. Budke</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>216 So. Main St. St. Charles, Mo.</u>			23c. DATE SIGNED <u>4/17/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 18, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4-18-50</u>		REGISTRAR'S SIGNATURE <u>Marie Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. O. Dallmeyer &amp; Sons Co 800 N. 2nd St. Charles, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

73  
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District File Number  
District Health Officer No. 9  
RECEIVED  
APR 21 1950

NOV 21 1952

**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 4189

..... Student Embalmer No. 4189  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Joseph I Lindset  
Licensed Embalmer No. 4189

P. O. Address St Charles 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.