

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3429

State File No.

Registrar's No. 0188

FILED JAN 26 1952 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital		e. STREET ADDRESS (If rural, give location) 5878 Nottingham Ave.	

3. NAME OF DECEASED (Type or Print) Emma Volkening			4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1952.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9, 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) California	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Charles Grenz		13b. MOTHER'S MAIDEN NAME Mure Schoenware	

14. NAME OF HUSBAND OR WIFE Charles H. Volkening.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME City Infirmary Records, 5800 Arsenal St.				ADDRESS	

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>Paget's disease</u> ANTECEDENT CAUSES Morbidity 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. <u>arteriosclerosis, general</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4yr +</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) (Min.)		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 July 1, 1951, to Jan. 8, 1952, that I last saw the deceased alive on Jan. 8, 1952, and that death occurred at 8:10 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William M. Sewerney MD</u>		23b. ADDRESS 5600 Arsenal Street.		23c. DATE SIGNED 1/8/52.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 9, 1952		24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>		24f. ADDRESS 4228 S. Kingshighway Bl.	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 8 1952 <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>		ADDRESS 4228 S. Kingshighway Bl.	
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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 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.