

STANDARD CERTIFICATE OF DEATH

13951

State File No.

FILED APR 26 1952

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 78

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) St. Charles	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 805 South Benton	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Elizabeth c. (Last) Vollmer			4. DATE OF DEATH (Month) (Day) (Year) April 23 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 30 1861	9. AGE (In years last birthday) Months Days 91 2 23	IF UNDER 18 HRS. Hours Min. 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) St. Charles, Missouri	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Matthew Honerkamp		13b. MOTHER'S MAIDEN NAME Clara M. Sudmiller		14. NAME OF HUSBAND OR WIFE dec'd Anthony Vollmer--11/10/45	
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. NIL		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Charles Liberton-St. Charles, Mo.	

18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio sclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Gen. arterio sclerosis		10 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Fracture Pelvis multiple		2 months	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 130 89030-20		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Charles MO	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 2 23 52 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall on floor	

22. I hereby certify that I attended the deceased from **2-23-52**, to **4-23-52**, that I last saw the deceased alive on **4-23-52**, and that death occurred at **6:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Rindice M.D.		23b. ADDRESS 126 S. Main St.		23c. DATE SIGNED 4/25/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 26, 1952		24c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri	
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DATE REC'D BY LOCAL REG. 4/25/52		REGISTRAR'S SIGNATURE James H. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. C. Dalmeyer & Sons Co 800 N. 2nd St. Charles, Mo.	
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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 Herbert C. Dallmeyer

Licensed Embalmer No. 4546

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.