

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18646**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3910**

FILED MAY 19 1952

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 2159</b>	
d. STREET ADDRESS <b>15 4419 VIRGINIA</b>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <b>LOUIS</b>		a. (First)	b. (Middle)
c. (Last) <b>VOLKERT</b>		4. DATE OF DEATH <b>APRIL 24, 1952</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>	8. DATE OF BIRTH <b>Oct. 24, 1871</b>
9. AGE (In years last birthday) <b>80</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>REPAIR BUSINESS</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>OWN BUSINESS</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Joe Volkert</b>	
13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>LOUISA VOLKERT</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Louisa Volkert</b>		17. ADDRESS <b>4419 Virginia</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senile Psychosis</b>		INTERNAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <b>304X</b>			
22. I hereby certify that I attended the deceased from <b>5-11-52</b> , 19___, to <b>6-24-52</b> , 19___, that I last saw the deceased alive on <b>6-24-52</b> , 19___, and that death occurred at <b>4:00P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. P. Lamb</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>	
(Degree or title) <b>M.D.</b>		23c. DATE SIGNED <b>6-25-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		24b. DATE <b>4/30/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>MISSOURI CREMATORY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO</b>	
DATE REC'D BY LOCAL REG. <b>APR 25 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>W. Fendler</b>		ADDRESS <b>4420 Michigan</b>	

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, 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.