

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1953

State File No. 41314  
Registrar's No. 10311

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>3 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston 7301</u>		d. STREET ADDRESS (If rural, give location) <u>1825 Timberlake</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Baptist Hospital</u>					
3. NAME OF DECEASED (Type or Print) <u>ELIZABETH</u>			a. (First)	b. (Middle)	c. (Last) <u>VOLMER</u>
4. DATE OF DEATH <u>Oct. 29, 1953.</u>			4. DATE (Month) (Day) (Year)		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 28, 1882</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>James Maher</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mullen</u>		14. NAME OF HUSBAND OR WIFE <u>Leo H. Volmer</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leo H. Volmer, 1825 Timberlake</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>Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardio Vase</u> DUE TO (c) <u>Renal Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ameria</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>10 yrs</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? <u>442X</u>		
22. I hereby certify that I attended the deceased from <u>10-27, 1953</u> , to <u>10-29, 1953</u> , that I last saw the deceased alive on <u>10-29, 1953</u> , and that death occurred at <u>5:35 P.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>John L. Kennedy MD CM</u>			23b. ADDRESS <u>3750 Washington</u>		23c. DATE SIGNED <u>10-30</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 31, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co., Mo.</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Oct 30 1953 J. Earl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JOs. W. Clark 1125 Hodiamont Ave.</u>			

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

Dr. John L. Kennedy

8735 Riverview Blvd.,

EV. 6144 10-30--1.30 P.M.

*Nov. 7-1901*

*92 1057*

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Alfred J. Bredehn*

Signed.....

Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave. a. p.

**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.