

FILED SEP 8 1954

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29288

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7342

| | | | | | |
|--|---------------------------|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 1 day | c. CITY OR TOWN Bellevue 402 | | d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital | | | e. STREET ADDRESS (If rural, give location) 12060 Bellefontaine Road | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) E. c. (Last) Volkmar | | | 4. DATE OF DEATH (Month) (Day) (Year) August 6, 1954 | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH March 3, 1882 | | 9. AGE (In years) (Last birthday) 72 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | | 10b. KIND OF BUSINESS OR INDUSTRY at home | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME C. H. Wischmeyer | | 13b. MOTHER'S MAIDEN NAME Emily Diering | | 14. NAME OF HUSBAND OR WIFE | |
| 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. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Elmer F. Volkmar 12060 Bellefontaine RD | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pancreatitis | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | ANTECEDENT CAUSES Morbid 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. 1) coronary artery disease 2) cholelithiasis | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY YES <input checked="" 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 5870 | | |
| 22. I hereby certify that I attended the deceased from 10:49, to Aug 6, 1954, that I last saw the deceased alive on Aug 6, 1954, and that death occurred at 3:50 P.M., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Melvin B. Kristein MD | | | 23b. ADDRESS 607 N. Grand | | 23c. DATE SIGNED 8-7-54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 8-9-54 | 24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri. | | |
| DATE REC'D BY LOCAL REG. AUG 9 1954 | | REGISTRAR'S SIGNATURE J. Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave. | |

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Clement McManis*.....

Licensed Embalmer No. *373*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.