

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34260

FILED OCT 11 1957

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8864**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>ST. LOUIS</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>RICHMOND HTS 4950</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LUTHERAN Hosp.</b> Length of stay in 1b <b>1 1/2 DAYS</b>		27 STREET ADDRESS (If outside, give location) <b>7564 HIAWATHA</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>J</b> Last <b>VOLA</b>		4. DATE OF DEATH Month <b>9</b> Day <b>20</b> Year <b>57</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY-15<sup>TH</sup> 1896</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FREUND-BAKERY</b>	9. AGE (In years last birthday) <b>61</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <b>ST. LOUIS MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13. FATHER'S NAME <b>JOHN VOLA</b>		14. MOTHER'S MAIDEN NAME <b>MARGARET-HERZOG</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W.W. I</b>		16. SOCIAL SECURITY NO. <b>318-14-2595</b>	
17. INFORMANT <b>RUBY VOLA-7564 HIAWATHA</b> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastatic Ca (Oat Cell) To Pericardium &amp; massive Pericardial effusion</b> DUE TO (b) <b>Primary Oat Cell Ca of Lung</b> DUE TO (c) <b>Cachexia &amp; Metastatic Ca To Liver</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Cachexia &amp; Metastatic Ca To Liver</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Sw. months</b> <b>1 year</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>162x</b>	
20c. TIME OF INJURY a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>2/7/57</b> to <b>9/21/57</b> and last saw <sup>him</sup> alive on <b>9/20/57</b> . Death occurred at <b>5:25</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In legible or type) <b>Walter H. Neuberger MD</b>		22b. ADDRESS <b>3108 S. Grand</b>	
22c. DATE SIGNED <b>SEP 21 '57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>9-23-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SUNSET-BURIAL PARK</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO MO</b>
24. FUNERAL DIRECTOR <b>JAY-B-SMITH-Maplewood-17. MO</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>SEP 23-57</b>	
26. REGISTRAR'S SIGNATURE <b>J. Earl Smith, MD</b>			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare & Public Service  
300 1-56  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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..... *J. Allen Davis*

Licensed Embalmer No. .... *410*

P. O. Address..... *J. L.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.**