

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003594
STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 294

1. PLACE OF DEATH a. COUNTY		5. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BETHESDA HOSPITAL		Length of stay in lb	720 th STREET ADDRESS (If outside, give location) 2118 MULLANPHY Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ELLA C VOLLMAR			4. DATE OF DEATH Month Day Year JAN 9 1959			
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 29 1881	9. AGE (In years less birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED COOK		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME FREDERICK ROEDER		13b. MOTHER'S MAIDEN NAME MARGARET ROESNER	14. NAME OF HUSBAND OR WIFE FERDINAND VOLLMAR (Dec'd)
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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. 499-01-6282	17. INFORMANT Address MRS. CHARLES VANCK 2643 S OREGON
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease with Decompensation DUE TO (b) Arteriosclerosis general DUE TO (c) Broncho Pneumonia. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 10 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) 420.0
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
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21. I attended the deceased from **Feb 7, 1947** to **Jan 9, 1959** and last saw her alive on **Jan 8, 1959**
Death occurred at **6 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph E. Carney MD. (Degree or title)	22b. ADDRESS 906 Olive	22c. DATE SIGNED 1-10-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JAN 12 1959	23c. NAME OF CEMETERY OR CREMATORY VAUGHAN CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS MO
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24. GENERAL DIRECTOR Thomas Kutis 2906 Gravois ADDRESS	25. DATE RECD. BY LOCAL REG. JAN 10 59	26. REGISTRAR'S SIGNATURE Carl Smith MD
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Locust, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8-10 am Sat
Ka-1-0198
R.M. 525

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 *Eleanore Poivine*

Licensed Embalmer No. *3403*
P. O. Address *Dunsmuir, N.*

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.