

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007746

State File No. \_\_\_\_\_

2 1764

Registrar's No. \_\_\_\_\_

FILED MAR 10 1959

REG. DIST. NO. \_\_\_\_\_

PRIMARY REG. DIST. NO. \_\_\_\_\_

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|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY _____<br>b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis</u><br>c. LENGTH OF STAY (In this place) _____<br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Deaconess Hosp</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY _____<br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u><br>d. STREET ADDRESS (If rural, give location) <u>6130 Crescent</u> |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Baby</u><br>b. (Middle) <u>-</u><br>c. (Last) <u>Vollmar</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-15-59</u>   |   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>wh</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>  | 8. DATE OF BIRTH <u>2-15-59</u>   |
| 9. AGE (In years last birthday) _____   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____       | 10b. KIND OF BUSINESS OR INDUSTRY _____  | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  | 13. FATHER'S NAME <u>Wilbert Herman Vollmar</u>  |   |
| 13b. MOTHER'S MAIDEN NAME <u>Grace Esther Wildy</u>   |  | 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) _____  |  | 16. SOCIAL SECURITY NO. _____  |   |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. D. H. Vollmar</u>   |  | ADDRESS <u>6130 Crescent St. Louis, Mo</u>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br>MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxia</u><br>INTERVAL BETWEEN ONSET AND DEATH _____<br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.<br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Prematurity 761.5</u><br>DUE TO (c) <u>Premature Rupture of membranes</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Congenital Hydronephrosis</u> |  |  |   |
| 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) (Min.) _____  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____   |   |
| 22. I hereby certify that I attended the deceased from <u>2-15-59</u> , 19 <u>59</u> , to <u>2-15-59</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>2-15-59</u> , 19 <u>59</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.   |  |  |   |
| 23a. SIGNATURE <u>W. D. Hawker, M.D.</u> (Degree or title) <u>0</u>   |  | 23b. ADDRESS <u>16 Hampton Village</u>   |   |
| 23c. DATE SIGNED <u>2/15/59</u>   |  |  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____   | 24b. DATE <u>2-28-59</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>   | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>     |
| DATE REC'D BY LOCAL REG. <u>FEB 19 59</u>   | REGISTRAR'S SIGNATURE <u>Roan Smith, M.D.</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland-Alex #104 Manchester</u>   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.