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Zodesbescheinigung

1. Bors und Familiennamen: bei Kindern unter 14 Jahren ist Stand und Name der Estern, bei unehelichen Name und Stand der Mutter anzugeben	Michael Volkow
2. Geschlecht	männlich weißlich
3. Datum der Geburt	Jahr 1 910 Monat ? , Tag ? .
4. Tag und Stunde des Todes: (Bormittags d. i. nach Mitternacht bis Mittag) (Nachmittags d. i. nach Mittag bis Mitternacht)	Monat Na 1 Tag 15 Stunde 1 U. vorm — U.nachm
5. Beruf und Stellung im Beruf: bei Ehefrauen: des Mannes, bei Kindern: des Baters, ev. der Mutter)	Soldat / Russe
6. Wohnung: Straße (bzw. Ortsbezeichnung) und Hausnummer	unbekannt nr
7. Ort des Todes, wenn außerhalb der Wohnung, in welcher Anstalt.	Hamm(Westf,)Teillaz,"InfKaserne
8. Tag und Stunde der Leichenbesichtigung.	Tag 15.5.45 Stunde 7. 11. vorm.
9. Todesursache, möglichst genau angeben! Bei gewaltsamen Sterbefällen — Selbstmord, Mord, Totschlag, Verungsüdung, sind besondere genaue Einzelangaven ersordersich. Bei Verletzungen: Angabe der verletzen Körperstelle. Bei Krankheiten Bezeichnung der besallenen Organe. Allgemeine Bezeichnungen, wie Lungenleiden, Magenkrankheiten, Herzleiden, Lebensschwäche, Krämpfe sind zu vermeiden. Bei Totgeborenen: Dauer der mutmahlichen Schwangerschaft? War das Kind vor der Geburt tot oder ist es in der Geburt gestorben. a) Vom nichtbehandelnden Arzte sesstellte Todesursachen, oder Angaben der Angehörigen oder der sonstigen Umgebung über die Todesursache, letzte Erkrankung, etwaige Wahr-	Grundleiden? The der Lungenspitzen mit miliarer Aussast Begleitkrankheiten? Meningitis -tuberculos Nachfolgende Krankheiten? Welches der vorgenannten Leiden hat den Tod unmittele
nehmung dazu: b) Name des behandelnden Arztes? c) welche Zeichen des Todes sind vorhanden?	bar herbeigeführt? siehe oben!
10. Sind Anzeichen einer bösartigen epidemischen Krank- heit vorhanden? und welche?	a e i n
11. Sind Anzeichen eines unnatürlichen Todes vor- handen? und welche?	a e i a
12. Bei Kindern unter einem Jahr a) Art der Ernährung: b Ob in fremder Pflege: c) wenn ja, bei wem? d) sind Anzeichen einer schweren Bernachlässigung vorhanden?	a) Muttermilch. Ammenmilch. Tiermilch. jonstige 3u b) Nein — Ja 3u c)
13. Ist der / die Berstorbene a) von dem unterzeichneten Arzte behandelt worden? b) oder ihm bekannt gewesen? c) gbs. von wem behandelt?	3u a) Ja —=9tem 3u b) Ja ——9tem 3u c)
14. Ist Beschleunigung der Beerdigung erforderlich?	nein
15. Wird Ueberführung in die Leichenhalle beantragt?	j a
Gegen die Beerdigung auch vor Verlauf von 3×24 Stunden Rr. des Sterberegisters	