

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

St. Louis Mo

(No.....)

Barnes Hospital

File No.....

34998

Registered No.....

10146

St.....

Ward.....

2. FULL NAME

Phama Caroline Solenz

(a) Residence, No. *1300 2 Montgomery St.*, *26* Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

m.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Janet Loung

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Nov. 4 1873

7. AGE

54

YEARS

MONTHS

8

DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Middlebrook Mo

10. NAME OF FATHER

Andrew Solenz

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Eva Helling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT (Address)

*Janet Loung
1300 Montgomery St*

15.

FILED

*Nov 7 1927
Mau b Starkloff
REGISTRAR*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

11 - 12

1927

17.

I HEREBY CERTIFY, That I attended deceased from *11 - 9*, 19*27*, to *11 - 12*, 19*27*, that I last saw *h* alive on *11 - 12*, 19*27*, and that death occurred, on the date stated above, at *5:30 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*massive collapse of
right lung*

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

*Peritonitis local
operation for ventral hernia*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Myron W. Davis

M. D.

11/12 1927 (Address)

Barnes Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

New Birthlehem

DATE OF BURIAL

Nov. 14 1927

20. UNDERTAKER

Thos W. Beidomidy

ADDRESS

1936 St Louis Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

