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

Do not use this space.

12226

1929

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160 — File No. 35
Township Central — Primary Registration District No. 4470 — Registered No.
City University City (No. 6820 Delmar Bl St. Louis Co. Mo. St. ..... Ward)

2. FULL NAME John A. Solms
(a) Residence. No. 6820 Delmar Bl Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Vida I. Solms

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 28 - 1854

7. AGE: Years 74 | Months 7 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Real Estate
(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): Hermann Mo

PARENTS
10. NAME OF FATHER: George Solms
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Baden Germany
12. MAIDEN NAME OF MOTHER: Anna Schweikhauser
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

14. INFORMANT (Address): J. Gaylord Solms 2749 Keokuk

15. FILED 3/22, 1929 Marie Brown, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 21 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to March 21, 1929 that I last saw him alive on 3/21, 1929, and that death occurred, on the date stated above, at 3 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Streptococcus Viridans
(duration) yrs. 2 mos. 21 ds.

CONTRIBUTORY (SECONDARY): Mitral regurgitation
Several years (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Blood Culture
(Signed) S. R. Parman, M. D.
3/22, 1929 (Address) 503 Wall Bldg.

*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: Memorial Park — DATE OF BURIAL: Mar 23 1929

20. UNDERTAKER: Wacker Helderle — ADDRESS: 2331 S. Bdwy

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.

HTA