

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.

067 31 1930

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles (No.)

Registration District No. 757
Primary Registration District No. 3036

File No. 30901
Registered No. 156
St. Ward)

2. FULL NAME

Gilbert Solto

(a) Residence. No. 217 N 6th St., Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

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

Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 14 1930, 19.....

that I last saw him alive on Sept 14 1930, and that death occurred, on the date stated above, at 2:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidents due to being struck by lightning about 6 miles west of St. Charles (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? 2

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Frederick Cronin, M. D.

9-14-1930 (Address) St. Charles Mo

*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.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 28. 1921

7. AGE

YEARS

8

MONTHS

8

DAYS

16

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Charles

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Theodore Solto

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Charles County

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Alma Reberede

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Charles County
(STATE OR COUNTRY) Mo.

14. INFORMANT Theo. Solto

(Address) 217 N 6th St. St. Charles Mo.

15. FILED 9/16 30 Hy. H. Bloebaum

REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Lutheran Cemetery DATE OF BURIAL Sept 17 1930

20. UNDERTAKER

Wallmeyer + Sons Co ADDRESS 800 S. 2nd St.

