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.

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

Do not use this space.

36408

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. Mo. Baptist Hos'p. St. ..... Ward)

File No. .....

Registered No. 10946

2. FULL NAME EVA SOLOMON

(a) Residence, No. Carmi Ill. St., 12 Ward. Carmi Ill
(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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 3, 1852

7. AGE: YEARS 79 MONTHS 9 DAYS 26 [redacted] If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME ~~Unknown~~ Schoemann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME ~~Unknown~~ Marx

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): J. Schoemann Carmi Ill.

18. ~~BURIAL~~ CREMATION, ~~OR REMOVAL~~ PLACE Valhalla Crematory DATE 10-30-31

19. UNDERTAKER (ADDRESS): Mayer 4356 Lindell Blvd

20. FILED OCT 30 1931 19 Max C Hartley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Oct 29, 1931

I last saw her alive on Oct 28, 1931. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	5 years
59	
95	
59	

Other contributory causes of importance:

Cardiac Insufficiency	3 mos.

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. T. Shepherd, M. D.

(Address) 4955A Delmar St Louis, Mo.