

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

Do not use this space.

**1. PLACE OF DEATH**

76 County .....  
 30 Township .....  
 1 City St. Louis, Mo. (No. 7158 Wise Ave., 2)  
 Registration District No. 791  
 Primary Registration District No. 1003  
 File No. 3154  
 Registered No. 176 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** James Solari

(a) Residence, No. 7158 Wise Ave., St., 4 Ward. 1  
 (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 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 Louisa Solari

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 9 15

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Musician  
 10. Date deceased last worked at this occupation (month and year) .....  
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Genoa (STATE OR COUNTRY) Italy

MOTHER FATHER  
 13. NAME Anthony Solari

14. BIRTHPLACE (CITY OR TOWN) Genoa (STATE OR COUNTRY) Italy

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) .....

17. INFORMANT Louisa Solari (ADDRESS) 7158 Wise Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 1/6/37 19.....

19. UNDERTAKER Edith E. Campbell (ADDRESS) 4234 Manchester

20. FILED JAN 5 1937 J. H. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4, 1937

22. I HEREBY CERTIFY That I attended deceased from Oct. 1934 to Dec 27, 1936

I last saw him alive on Dec. 27, 1936. Death is said to have occurred on the date stated above, at 745.

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

Coronary thrombosis with chronic interstitial myocarditis. Date of onset 1935.

Other contributory causes of importance: Arteriosclerosis, general

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? No.

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?.....  
 If so, specify.....  
 (Signed) Francis J. Canessa, M. D.  
 (Address) 1237 N. ...

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.

