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 File No. 3843

Township ..... Primary Registration District No. 1003 Registered No. 881

City St. Louis (No. 1614 Helen St. 2 St. ..... Ward)

96
30
8

2. FULL NAME Elizabeth Soldinski

(a) Residence, No. 1614 Helen St. St., 26 Ward. 1 (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: 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 John Soldinski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 230
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Poland 20

FATHER

13. NAME Peter Pucki
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 20

MOTHER

15. MAIDEN NAME Susan Preis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 20

17. INFORMANT (ADDRESS) Mrs. Joseph Spaeth 1614 Helen St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S. Peter & Paul DATE Jan. 23 1937

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly Undt. Co. 3840 Lindell Blvd.

20. FILED JAN 20 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1936, to Jan. 18, 1937
I last saw her alive on Jan. 18, 1937 Death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset
9 yr Several years

Other contributory causes of importance:
Cardiac Asthma - 2 years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Arthur J. Kleckamp, M. D.
(Address) 3834 St. Louis Ave

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.

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3834 St. Louis Ave.
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