REC'D JUL 12 1938

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

20643
Do not use this space.

791
1003

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No.
Primary Registration District No.
(d) Street No. Jewish Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
Registered No. 5782
(e) Length of residence in city or town where death occurred 36 yrs. mos. ds. (f) How long in U. S., if of foreign birth 56 yrs. mos. ds.

2. PRINT FULL NAME SIMON SOLOMON
(a) Residence, No. 1452 Goodfellow St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

1-55

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): Rachel Solomon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: YEARS About 62 | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Tailor
9. Industry or business in which work was done, as saw mill, bank, etc.: Mens
10. Date deceased last worked at this occupation (month and year): 6/18/38
11. Total time (years) spent in this occupation: 40 Yrs

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

FATHER
13. NAME: Shloma Solomon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER
15. MAIDEN NAME: Shandel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT: Anna Solomon
(ADDRESS) 1425 Goodfellow

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 6/28/38, 19

19. FUNERAL DIRECTOR (NAME) E. Kandler
(ADDRESS) 4469 Washington Blvd.

20. FILED JUN 27 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1936, to June 26, 1938
I last saw him alive on June 26, 1938 Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6/19/38
Bronchopneumonia	6/23/38

Other contributory causes of importance: Generalized arteriosclerosis

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? No
If so, specify
(Signed) Max S. Franklin, M. D.
(Address) 4500 Delmar St.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Willard Z Openhandle, or by

Registered Apprentice No. 3669, working under my personal supervision.

Signed Willard Z Openhandle

Licensed Embalmer No. 3669

P. O. Address 4469 Washing

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.