

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

4606
Do not use this space.

DEC'D MAR 13 1939

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 791
(b) Township 1 Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 4154a McPherson Ave Registered No. 1299
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Solari
(a) Residence, No. 4154a McPherson Ave St. 19
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Joseph

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 31st, 1860

7. AGE YEARS 78 MONTHS 10 DAYS 10 If LESS than 1 day,hrs. ormin.

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

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
13. NAME Joseph Canepa
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER 15. MAIDEN NAME Rose Copendona
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ital

17. INFORMANT Mrs. Allen G Dyer
(ADDRESS) 4154a McPherson Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 2/11/39

19. FUNERAL DIRECTOR Harrigan & Sheehan Und O
(ADDRESS) 4415 Washington Blvd.

20. FILED FEB 9 1939 J. F. Berbeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9/39

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 29, 1939, to Feb - 9, 1939
I last saw him alive on Jan 11, 1939 Death is said to have occurred on the date stated above, at 2:45am
The principal cause of death and related causes of importance were as follows:
Coronary thrombosis Date of onset 2/9/39

Other contributory causes of importance
Heart block 10%
Coronary sclerosis 10%

Name of operation none Date of.....
What test confirmed diagnosis? EKG Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury....., 19.....
Where did injury occur? home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Cholesterol
(Signed) Chas W Miller M. D.
(Address) 405 Humboldt St. St. Louis Mo

*James Robert Wilkins
Jan 4 1988*

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Guy W. Wilkinson*
Licensed Embalmer No. *3575*

P. O. Address.....

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.