

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Deaconess Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Louis Solari
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, divorced, married

6. (b) Name of husband or wife Bridgete Solari
 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Nov 9
 (Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 17 If less than one day hr. _____ min. 0

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Tavern Owner

11. Industry or business _____

12. Name Dommic Solari

13. Birthplace Italy
 (City, town, or county) (State or foreign country)

14. Maiden name Louise De Martini
 (City, town, or county) (State or foreign country)

15. Birthplace Italy
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bridget Solari

(b) Address 5949 Wabada Ave

17. (a) burial (b) Date thereof Feb. 29/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) FEB 27 1940 (b) J. F. Cuddeh
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5949 Wabada Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
 year 1940 hour 7.40 minute _____ A. M. _____ P. M.

21. I hereby certify that I attended the deceased from 1-27-40
1940, to 2-26, 1940
 that I last saw him alive on 2-26, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pneumonia
of the "Lobar"

Due to Pirrhosis of liver

with common duct obstruction

Due to Chronic alcoholism

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Dr. O. Owens (M. D. or other) _____

Address Missouri Bldg. Date signed 2/27/40

Duration

2 days

?

30 days

10 years

PHYSICIAN

Underline the cause to which death should be charged statistically

WHITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Dr. [unclear]
1125 Hodiament Ave.
11-11-1971

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.....

Mark L. Pierson, Registered Apprentice No. *174*
working under my personal supervision.

Signed.....

[Signature]
Licensed Embalmer No. *3225*

P. O. Address *1125 Hodiament Ave.,*

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

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