

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40580
Registrar's No. 11595

LED JAN 3 1943 18

Registration District No. _____ Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
5082 Ruskin Ave. /
(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 James A. Solari

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or Race W. 6. (a) Single, widowed, married, divorced / M.

6. (b) Name of husband or wife Rose Solari 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Sept. 3rd., 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 3 19 hr. _____ min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Street Car Motorman

11. Industry or business _____

MOTHER FATHER { 12. Name John Solari

13. Birthplace Italy 5
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Questa

15. Birthplace Italy, 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Solari

(b) Address 5082 Riskin Ave.

17. (a) Burial (b) Date thereof 12-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's / Silver

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) DEC 23 1943 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 5082 Ruskin Ave. (If rural, give location) 97

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22nd.,
year 1943 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Dec 20-1943
to 19 to 1943
that I last saw him alive on Dec 20
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular-renal-brain suff.

Duration 1 1/2

Due to _____

Due to _____

Other conditions 1/21
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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) _____
(c) Means of injury _____

23. Signature J. F. [Signature] (M. D. or other) _____
Address 3601 Cassia Ave. Date signed 12/23/43

Phanis, Geo

3901 Park Ave. 12:30 pm.

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 *Stanley Marshall*
Licensed Embalmer No. *2868*
P. O. Address *3840 Lueddell*

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, fact should be so stated above.