

V. S. No. 2
00M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32391**
8980
Registrar's No.

Registration District No. **318**

Primary Registration District No. **1002**

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

23
17
9

1. PLACE OF DEATH:

(a) County.....

(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jewish Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Morris Solomon**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **497-09-2308**

4. Sex **male** **d** **5. Color or race** **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Bella Sacks**

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **January 12, 1912**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
33	9	5	hr. min.

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

10. Usual occupation **newsman**

11. Industry or business.....

12. Name **David Solomon**

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

14. Maiden name **Fannie Nadler**

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

16. (a) Informant **Morris Ghertner**

(b) Address **720 Belt**

17. (a) burial (b) Date thereof **10-18-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth**

18. (a) Signature of funeral director **Berger Memorial**

(b) Address **4715 McPherson Avenue**

19. (a) **OCT 18 1945** (b) **J. F. Budick**
(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. **720 Belt**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **0**

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **17**
year **1945** hour **6:30** minute **A** M.

21. I hereby certify that I attended the deceased from **October 1**
October 1, 1945 to October 17, 1945
that I last saw him alive on **October 13, 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac embolism** **momentary**

Due to **Postoperative condition (Tonsillectomy)**

Due to.....

Other conditions.....

Major findings: **Chronic tonsillitis**

Of operations.....

Of 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)

(c) Means of injury.....

23. Signature **N. H. Bowerman** (M. D.)
Address **University Club Bldg** **St. Louis, Mo.** Date signed **Oct. 17, 1945**

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.....

Licensed Embalmer No.....1597

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, fact should be so stated above.