

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Rural Airport Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: JEWISH SANATORIUM  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 months  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Grav.  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5814 Lake Boulevard  
(If rural, give location)  
(e) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
If yes, name country Rumania

3. (a) PRINT FULL NAME

Hyman Solomon

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years abt. 76 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country) Rumania

10. Usual occupation Merchant

11. Industry or business Junkie

12. Name William Solomon

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

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country) Rumania

16. (a) Informant Louis Solomon

(b) Address 1389 Blackstone

17. (a) Bury (b) Date thereof 12-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chevrak Kadasha

18. (a) Signature of funeral director Daphandler

(b) Address 4409 Washington

19. (a) 12-12-46 (b) Ruth Hollen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10  
year 1946 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from September 25  
2, 1946, to December 10, 1946  
that I last saw him alive on December 10, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the lungs Duration about 2 years

Due to \_\_\_\_\_  
Due to 47d

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_

23. Signature Abig Solomon (M. D. or other) \_\_\_\_\_  
Address JEWISH SANATORIUM Date signed 12/12/46

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

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

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**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 *J. B. Chandler*.....

Licensed Embalmer No. *3669*.....

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.**