

No. 2
5-43
1-17-39
X36671

FILED DEC 9 1946
318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

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: City Hospital 0
(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 ROBERT SOLOMON

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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 Months Days If less than one day
About 46 hr. min.

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

10. Usual occupation Retired Salesman

11. Industry or business Shoes

12. Name Simon Solomon

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

14. Maiden name Leah Sinai

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

16. (a) Informant Carol Jean Solomon

(b) Address 4931 Parkview

17. (a) Burial (b) Date thereof 11-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chevra Kadisha Cem.

18. (a) Signature of funeral director H. Rindskopf

(b) Address 5216 Delmar Blvd.

19. (a) NOV 27 1946 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 736 Eastgate Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1946 hour 10 minute 05
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Due to Coronary
Due to Heart Disease
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 94
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) (e) Means of injury _____
23. Signature Robert Solomon (M.D. or other) _____
Address _____ Date signed 11/27/46

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

MOTHER FATHER

91
NR 3
5
1

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. 4029

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.