

No. 2
1-5-43
5-17-39
I X36871

3599

FILED FEB 5 1947

State File No. _____
Registrar's No. 99

Registration District No. _____ Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Mehlville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mehl Av., Box 445, Route 11
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 111
(c) City or town Peedman Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME ELIAS 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 married
6. (b) Name of husband or wife Mary E. Solomon
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased January 28 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 14
year 1947 hour 2 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from 1-7-47
to 1-14-47
that I last saw him alive on 1-13-47
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death Chronic Myocarditis
Due to 93d
Due to Hypertension
Other conditions Hypertension
(Include pregnancy within 3 months of death)

MOTHER FATHER

9. Birthplace Tennessee
(City, town, or county) (State or foreign country)
10. Usual occupation retired
11. Industry or business retired
12. Name Ethelberg Solomon
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Winifred Atkins
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)
16. (a) Informant Mary E. Solomon
(b) Address Mehl Av., Lemay 23, Mo.
17. (a) burial (b) Date thereof 1-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope cemetery
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Av.
19. (a) 1-18-47 (b) Richard G. Allen
(Data received local registrar) (Registrar's signature)

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) _____
Means of injury _____
23. Signature Charles Green (M. D. or other) _____
Address 7602 66 Ave Date signed 1/16/47

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

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

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..... *Oliver E. Kendall*

Licensed Embalmer No. *4148*

P. O. Address..... *Jenny Mo*

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.