

S. No. 2
 DM-5-42
 v. 5-17-39
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9204

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 2 1948

Registration District No. 163

Primary Registration District No. 5596

Registrar's No. 21

1. PLACE OF DEATH
 (a) County Jefferson
 (b) City or town Debato Rural (Valle)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 mi. S.W. of Debato R.R. #3
 (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 Jefferson
 (c) City or town Debato (If outside city or town limits, write "RURAL")
 (d) Street No. Debato Rt #3 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME JOSEPH FELIX SOLOMON

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 23
 year: 1948 hour 10 minute 45 a.m.

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

21. I hereby certify that I attended the deceased from Mar 17 1948 to Mar 23 1948
 that I last saw him alive on 23 Mar 1948
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARR.
 6. (b) Name of husband or wife Minnie Solomon 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Feb. 11 1873
 (Month) (Day) (Year)

Immediate cause of death cerebral hemorrhage Duration 7 days

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>12</u>	hr. min.

Due to.....
 Due to.....

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

Other conditions Tenial bronchitis present 3 days
 (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: Of operations 83A
 Of autopsy —
 PHYSICIAN —
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business.....
 12. Name Jules Solomon
 13. Birthplace France (City, town, or county) (State or foreign country)
 14. Maiden name Melamin
 15. Birthplace France (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Solomon
 (b) Address Debato Mo. Rt #3

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?

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 26 1948
 (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery Debato Mo.

While at work? — (Specify type of place) (e) Means of injury —

18. (a) Signature of funeral director DR. J. H. ...
 (b) Address Debato Mo.

23. Signature Marj V. Murphy (M. D. or other) MD
 Address Debato Mo. Date signed 24 Mar 1948

19. (a) 3/29/48 (Date received local registrar) (b) Marie Harris (Registrar's signature)

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

50
0
0

RECEIVED

District Health Officer No. 9

District File Number

Date Filed

3/31/48

JAN 29 1965

NOV 21 1965

NOV 25 1965

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 *Donald B. Arden*

Licensed Embalmer No. *4104*

P. O. Address *Little Rock*

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.