

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35555

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2440

1002

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

1. PLACE OF DEATH a. COUNTY St. Louis County Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wellston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If rural, give location) 6156 Minerva Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) SOLL c. (Last) SOLL		4. DATE OF DEATH (Month) (Day) (Year) 10 5 50	
5. SEX male 2	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1	8. DATE OF BIRTH Nov. 29, 1918
9. AGE (In years last birthday) 31		IF UNDER 1 YEAR Months 10 Days 6	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) chauffeur		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Okolona, Miss. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME James Soll	13b. MOTHER'S MAIDEN NAME Rebecca Maggy	14. NAME OF HUSBAND OR WIFE Susie Soll
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Nov. 24/42 -	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Susie Soll 6156 Minerva Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Dec. 23/45	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial nephrosclerosis, malignant type		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant hypertension		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		446X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-29-1950, to 10-5-1950, that I last saw the deceased alive on 10-5, 1950, and that death occurred at 5²⁵ A. m., from the causes and on the date stated above.

23a. SIGNATURE J. Small Jr., M.D.	(Degree or title)	23b. ADDRESS 601 Brentwood Clayton	23c. DATE SIGNED 10/5/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-5-50	24c. NAME OF CEMETERY OR CREMATORY Nat'l Cemetery Jefferson Barracks	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 11 1950	REGISTRAR'S SIGNATURE H. R. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Dement & Son 2629 31 Coe St.	

NOV 9 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Wm Claude Gordon

Signed.....

Student Embalmer

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

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.