

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10363

FILED DEC 12 1955

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.				e. STREET ADDRESS (If rural, give location) 20 2911 Rauschenbauch			
3. NAME OF DECEASED (Type or Print)		a. (First) ERWIN SOLOMON		b. (Middle)		c. (Last) DE MYER (EDWIN S. DE MAER)	
4. DATE OF DEATH		(Month) NOVEMBER		(Day) 27		(Year) 1955.	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, <input type="checkbox"/> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Aug 9 1895	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Delivery Man		10b. KIND OF BUSINESS OR INDUSTRY Power Plus Batt.		11. BIRTHPLACE (City and State or Foreign Country) Fulton Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Millard De Myer		13b. MOTHER'S MAIDEN NAME Roberta Roper		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 489-05-7271		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Murph y 2138 St. Louis Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia & abscess, bilateral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sarcophilic peritonitis break down of duodenal stump DUE TO (c) Duodenal ulcer II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 11-5-55		19b. MAJOR FINDINGS OF OPERATION Duodenal ulcer & hemorrhage				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. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 11-4 , 1955, to 11-27 , 1955, that I last saw the deceased alive on 11-27 , 1955, and that death occurred at 12:50a. , from the causes and on the date stated above.							
23a. SIGNATURE Alan Holtz (Degree or title) MD				23b. ADDRESS 1515 LAFAYETTE AVE.		23c. DATE SIGNED 11-28-55.	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11/29/55		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co Mo.	
DATE REC'D BY LOCAL REG. NOV 28 1955		REGISTRAR'S SIGNATURE R. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert D. Kinealy 2228 St. Louis Ave.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Ben Hoffman

Licensed Embalmer No. *436*

P. O. Address *St. Lo*

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.