

FILED JUL 31 1944 318

1003

6517

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 min  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Anthony G. Solari  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security N491-16-5642

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Louise Frank Solari 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased April 25th, 1867  
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Chairman Board Directors

11. Industry or business Leppert-Roos Fur Co.

MOTHER FATHER

12. Name Dominic Solari  
13. Birthplace Italy  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Devota  
15. Birthplace Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant Louise F. Solari  
(b) Address 7066 Washington Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/44  
(Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster  
(b) Address 6633 Clayton Road

19. (a) J. F. Bradley (Date received local Registrar's signature) (b) 7/25/44 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7066 Washington Blvd  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1944 hour 1 minute 20 A. M.  
21. I hereby certify that I attended the deceased from 1:05 am to 1:30 am July 23, 1944 to July 23, 1944 that I last saw him alive on July 23, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary edema  
Due to (1) Arteriosclerotic heart disease  
Due to (2) Cardiac insufficiency  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 93  
Of operations \_\_\_\_\_  
Of autopsy as above

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? \_\_\_\_\_

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

23. Signature F R Bradley (M. D. or nurse)  
Address BARNES HOSPITAL Date signed 7/23/44

Duration \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

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**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. 1994  
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.**