

Registration District No. **318**

Primary Registration District No. _____

Registrar's No. _____

FILED MAR 18 1946

1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Des Peres Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town St. Louis University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6602 Clemens
(If rural, give location) NR
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SOLOMON SOLTZ

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 Rachel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 22 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Inspector

11. Industry or business Leather Goods

12. Name Unknown

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Chan

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. Handelman

(b) Address 821 Zelard

17. (a) Burial (b) Date thereof 3-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Denham

(b) Address 4469 Washington

19. (a) MAR 3 1946 (b) J. F. Bredeck
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1946 hour 10:10 minute P. M.

21. I hereby certify that I attended the deceased from 1935
to Mar 1, 1946

that I last saw him alive on Mar 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio respiratory failure Duration 2 days

Due to Post operative (transurethral resection)

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: 1/21
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (e) Means of injury _____

23. Signature J. F. Bredeck (M. D. or other) _____
Address 5727 Dilmas Date signed 3-2-46

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

MOTHER FATHER

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

H. G. Oberlander

Licensed Embalmer No.....

3669

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.