

No. 300  
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5-17-39  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

1948  
STANDARD CERTIFICATE OF HEALTH  
DEATH

28229  
State File No. \_\_\_\_\_  
Registrar's No. **7469**

FILED SEP 7 1948

Registration District No. **310**

Primary Registration District No. **1005**

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

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:  
45110 M PHERSON 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 41 yr. years, months or days

3. (a) PRINT FULL NAME HARRY F. SOLOMON  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 494-24-1096

4. Sex MALE 5. Color or race W  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased DEC. 26 1970  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace CHICAGO ILL. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business LIQUOR

12. Name JONAS SOLOMON 4

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

14. Maiden name THESSA BLANK 4

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

16. (a) Informant HARRY F. SOLOMON

(b) Address 45110 M PHERSON AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-27-48  
(Month) (Day) (Year)

(c) Place: burial or cremation PEORIA ILL.

18. (a) Signature of funeral director Ovenlander

(b) Address 5010 Enright Ave.

19. (a) AUG 26 1948 (Date received local registrar)  
(b) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County GOO  
(c) City or town ST. LOUIS 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 45110 M PHERSON 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 25 year 1948 hour 2 PM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Jan 1946 to Aug 25 1948  
that I last saw him alive on Aug 25 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: hemiplegia Duration \_\_\_\_\_  
Due to arterio sclerosis  
Due to \_\_\_\_\_  
Other conditions chronic dilatation nephritis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 131  
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? 1 (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)  
(a) Means of injury \_\_\_\_\_  
23. Signature Joseph J. Bredek (M. D. or other)  
Address ... Date signed \_\_\_\_\_

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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 W. J. Oxenhandler

Licensed Embalmer No. 3669

P. O. Address. 5010 Enright Ave.

**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.**