

FILED JUN 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 18240

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078 Registrar's No. 30

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

1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - JACKSON TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - JACKSON TWP</u>	
c. LENGTH OF STAY (In this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>BLOOMSDALE, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BLOOMSDALE Mo. 1</u>			
3. NAME OF DECEASED a. (First) <u>Solomon</u> b. (Middle) <u>H.</u> c. (Last) <u>Solberger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 16-1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>October 6, 1867</u>
9. AGE (In years last birthday) <u>81</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Bloomdsdale, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Charles A. Solberger</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Tanner</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Boyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Kern Solberger 5242 S 37 St. Louis 16 Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteria Sclerosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 <u>1928</u> , to <u>May 16, 1949</u> , that I last saw the deceased alive on <u>May 16, 1949</u> , and that death occurred at <u>11:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Arthur E. Sawyer M.D.</u> (Degree or title)		23b. ADDRESS <u>Ste. Genevieve Mo</u>	23c. DATE SIGNED <u>5-17-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/29/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Concord</u>	24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 27-1949</u>	REGISTRAR'S SIGNATURE <u>L. D. Karl for P. M. Karl</u>	FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Geo. C. Basler Ste. Genevieve Mo.</u>	

67610 2-706  
AUG 1 3 1949

RECEIVED

Health Officer No. 4  
File Number 649-7  
Date Filed 6-1-49

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AUG 1 3 1949

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. 311

working under my personal supervision.

Student

*Adrian J. Ehler*  
Student Embalmer

Signed

*Les C. Barker*

Licensed Embalmer No. 1985

P. O. Address *St. Genevieve Mo*

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.