

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3048

State File No.

387

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 MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5129 ST. LOUIS AVE		d. STREET ADDRESS (If rural, give location) 5129 ST. LOUIS AVE	
3. NAME OF DECEASED a. (First) LOUISA (Type or Print)		b. (Middle) SOLARI c. (Last)	
4. DATE OF DEATH 1/12/50 (Month) (Day) (Year)		5. SEX FEMALE	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	
8. DATE OF BIRTH 3/15/1866		9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) GEONA ITALY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JEROME DEMARTINI		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE DOMINICK SOLARI		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. BRIDGET BUTLER SOLARI	
17. ADDRESS 5129 ST. LOUIS,		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, asthma, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		MEDICAL CERTIFICATION Chronic Myocarditis Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 12-1-48 12-1-48	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		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) 4221		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 Dec. 10, 1949, to Jan. 12, 1950, that I last saw the deceased alive on Jan. 11, 1950 and that death occurred at 4:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Kenneth J. Moore, M.D.		23b. ADDRESS 3802 1/2 Grand St.	
23c. DATE SIGNED 1-19-50		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 1/14/50		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ZSTROOT - CARROLL	
25. ADDRESS 4600 NATURAL BRIDGE AVE		DATE REC'D BY LOCAL REG. JAN 13 1950	
REGISTRAR'S SIGNATURE J. B. Lasater		52. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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
Student Embalmer

Signed

Benjamin Hoffman

Licensed Embalmer No. *4366*

P. O. Address *Louis; 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.