

FILED AUG 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25813

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JACKSON T5</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BLOOMSDALE</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BLOOMSDALE</u>			d. STREET ADDRESS (If rural, give location) <u>STAR ROUTE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>SOLBERGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1951</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 5 1870</u>	9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>PLATTON MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FELIX BOYER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY PULLIN</u>		14. NAME OF HUSBAND OR WIFE <u>SOLOMON SOLBERGER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Donald W. Solberger Bloomdale 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>Chronic Myo Carditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>			10 yrs.		
DUE TO (c) _____			_____		
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) <u>4221</u>		_____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>June 8, 1951</u> , to <u>July 23, 1951</u> , that I last saw the deceased alive on <u>July 23, 1951</u> , and that death occurred at <u>8:15 P. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Arthur E. Spencer M.D.</u>		23b. ADDRESS <u>St. Genevieve Mo</u>		23c. DATE SIGNED <u>July 24/1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/26/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CONCORD Cem</u>	24d. LOCATION (City, town, or county) (State) <u>ST. GENEVIEVE CO. MO</u>		
DATE REC'D BY LOCAL REG. <u>7-30-51</u>	REGISTRAR'S SIGNATURE <u>Terese M. Spalding</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ree C. Beuhler, Genevieve Mo</u>		

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

AUG 1 1951

RECEIVED

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Adrian J. Eller*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

4740

P. O. Address \_\_\_\_\_

*Ste. 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.