

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3349
0250

FILED JAN 26 1952

State File No.
Registrar's No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. LENGTH OF STAY (In this place) **2 1/2 yrs**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2117**

d. FULL NAME OF HOSPITAL OR INSTITUTION **4329 St Ferdinand** d. STREET ADDRESS (If rural, give location) **4329 St. Ferdinand**

3. NAME OF DECEASED (Type or Print) a. (First) **Governor** b. (Middle) **Solomon** c. (Last) **Solomon** 4. DATE OF DEATH (Month) (Day) (Year) **1-5-52**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **7-9-1876** 9. AGE (In years last birthday) **75** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (State or foreign country) **Jackson, Mississippi** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **King Solomon** 13b. MOTHER'S MAIDEN NAME **Anna Belle Scott** 14. NAME OF HUSBAND OR WIFE **Daisy Solomon**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Unknown** 16. SOCIAL SECURITY NO. **491-12-8097** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Daisy Solomon 4329 St. Ferdinand**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial Infarction** INTERVAL BETWEEN ONSET AND DEATH **4 hrs**
ANTECEDENT CAUSES **Arterio Sclerosis about 5 yrs**
Morbidity 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.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **1-3**, 1952, to **1-5**, 1952, that I last saw the deceased alive on **1-5**, 1952, and that death occurred at **9:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE **S. E. Moore MD** (Degree or title) 23b. ADDRESS **809 N Jefferson** 23c. DATE SIGNED **1-9-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **11 Jan 52** 24c. NAME OF CEMETERY OR CREMATORY **Oakdale Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County Mo**

DATE REC'D BY LOCAL REG. **JAN 10 1952** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Metropolitan Funeral Home 5010 Creight**

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 Paul J. Freeman

Licensed Embalmer No. 4686

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.