

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26912**  
Registrar's No. **6260**

FILED JUL 31 1953

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G Phillips Hospital**

e. STREET ADDRESS (If rural, give location) **11 4300 St. Ferdinand**

3. NAME OF DECEASED  
a. (First) **Daisy** b. (Middle) \_\_\_\_\_ c. (Last) **Solomon**

4. DATE OF DEATH (Month) (Day) (Year) **6-20-1953**

5. SEX **Female** 6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed**

8. DATE OF BIRTH **Unknown**

9. AGE (In years last birthday) **66** 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) **House wife**

10b. KIND OF BUSINESS OR INDUSTRY **House wife**

11. BIRTHPLACE (City and State or Foreign Country) **Holly Springs, Miss.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Lewis Becker**

13b. MOTHER'S MAIDEN NAME **Lucinda ?**

14. NAME OF HUSBAND OR WIFE **Malcolm Solomon**

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. **Unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Loyia Dempster 2820 Mercury**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Pyelonephritis**

INTERVAL BETWEEN ONSET AND DEATH **Undet.**

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES  
DUE TO (b) **Rheumatoid Arthritis**  
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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **7220**

22. I hereby certify that I attended the deceased from **6-13**, 19 **53**, to **6-20**, 19 **53**, that I last saw the deceased alive on **6-20**, 19 **53**, and that death occurred at **9:30 p.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Charles Pierce M.D.**

23b. ADDRESS **2601 N Whittier St**

23c. DATE SIGNED **6-23-53**

24a. BURIAL, CREMATION; REMOVAL (Specify) **Removal**

24b. DATE **6-26-1953**

24c. NAME OF CEMETERY OR CREMATORY **Oakdale Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **JUN 23 1953**

REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wm. H. Bond, Inc. 4303 Detroit**

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Daniel G. Hayes*.....

Licensed Embalmer No. *4807*

P. O. Address *3123 Rella*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.