

FILED AUG 23 1954

STANDARD CERTIFICATE OF DEATH

State File No. 29387

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 1939

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) JENNINGS		c. CITY (If outside corporate limits, write RURAL and give township) JENNINGS #138	
c. LENGTH OF STAY (in this place) 3 YEARS		d. STREET ADDRESS (If rural, give location) 9717 Nolte Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9717 Nolte Avenue		e. STREET ADDRESS 9717 Nolte Avenue	
3. NAME OF DECEASED a. (First) STANLEY b. (Middle) SOLTYS c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Aug. 8, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 8, 1868
9. AGE (in years last birthday) 86	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 1 Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired unk.		10b. KIND OF BUSINESS OR INDUSTRY -unk.	11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Peter Soltys		13b. MOTHER'S MAIDEN NAME Harriett	14. NAME OF HUSBAND OR WIFE Clementine Stanczewski
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 ADDRESS Anne Soltys 9717 Nolte Avenue
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) unknown natural causes INTERVAL BETWEEN ONSET AND DEATH unk. 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.	
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) 7955	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Herbert R. Domke, M.D. Local Registrar		23b. ADDRESS 651 S. Brentwood Blvd.	23c. DATE SIGNED 8/13/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-11-54	24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REG. 8-9-54	REGISTRAR'S SIGNATURE Herbert R. Domke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Louis Funeral Home 2205 St. Louis	

(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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address 17 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.