

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007971
State File No.

FILED FEB 28 1958

318

1003

1614

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE _____ b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) _____ c. LENGTH OF STAY (In this place) _____
St. Louis, Mo. 40 yr
c. CITY (If outside corporate limits, write RURAL and give township) _____
St. Louis

d. FULL NAME OF (If not in hospital or institution, give street address or location) _____ e. STREET ADDRESS (If rural, give location) _____
Grand Central Hotel 202 N. Jefferson 202 no Jefferson Ave

3. NAME OF DECEASED a. (First) _____ b. (Middle) _____ c. (Last) _____ 4. DATE OF DEATH (Month) (Day) (Year)
Solomon _____ William _____ Feb 5 1958

5. SEX _____ 6. COLOR OR RACE _____ 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ 8. DATE OF BIRTH _____ 9. AGE (In years last birthday) _____ IF UNDER 1 YEAR _____ IF UNDER 12 HRS. _____
M Col Widowed Unknown About 82

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) _____ 12. CITIZEN OF WHAT COUNTRY? _____
T. shoper Baton Rouge LA U.S.A.

13a. FATHER'S NAME _____ 13b. MOTHER'S MAIDEN NAME _____ 14. NAME OF HUSBAND OR WIFE _____
Unknown Unknown Elna Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
NO Harry Holiday 3433 Franklin

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____ MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ 420.0

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 11:48 AM, from the causes and on the date stated above.

23a. SIGNATURE _____ (Name of this) _____ 23b. ADDRESS _____ 23c. DATE SIGNED _____
James M Kelly 1300 Clark 2-11-58

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE _____ 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) _____ (State) _____
Removal Feb 14 58 Greenwood St. Louis Co Mo

DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE _____ 25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____
FEB 11 1958 [Signature] Funeral Home 2620 Lawton

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 James A. Carter

Licensed Embalmer No. 4681

P. O. Address St. 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.