

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042286
State File No.

FILED DEC 1 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10863**

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. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (In this place) **10 yrs**

e. STREET ADDRESS (If rural, give location) **214 1420 Francis St.**

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **38 Euclid & Hodiamont Trak**

3. NAME OF DECEASED
a. (First) **George**

b. (Middle) _____

c. (Last) **SOLL Jr.**

4. DATE OF DEATH (Month) (Day) (Year) **11 7 58**

5. SEX **M**

6. COLOR OR RACE **Col**

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

8. DATE OF BIRTH **7-16-1928**

9. AGE (In years last birthday) **30**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Railroad Work**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **OKOLONO, MISS.**

12. CITIZEN OF WHAT COUNTRY? **USA.**

13a. FATHER'S NAME **George Soll**

13b. MOTHER'S MAIDEN NAME **Rebecca Chandler**

14. NAME OF HUSBAND OR WIFE **Irene Soll**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **War 2 Korean**

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Irene Soll 5054 Gates Ave**

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **1. Subdural and subarachnoid hemorrhage of the brain; 2. External hemorrhage from laceration of the scalp and forehead, suffered when struck by Public Service streetcar, operated by one Andrew Gorley (col.) in vicinity of Euclid Avenue and Right-of-Way, about 9:40 P.M., Nov. 7, 1958. ACCIDENT**

II. OTHER SIGNIFICANT CONDITIONS of _____
Conditions contributing to the death but not related to the disease or condition causing death. _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION **840X 36**

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **7 street**

21c. (CITY, TOWN, OR TOWNSHIP) **St. Louis, Mo.** (COUNTY) **800** (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **11/7/58 9:40P.**

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

21f. HOW DID INJURY OCCUR? (See Above)

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 **10:17P.**, from the causes and on the date stated above.

23a. SIGNATURE **James M. Kelly** (Degree or title) _____

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **11-12-58**

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

24b. DATE **11-14-58**

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

24d. LOCATION (City, town, or county) (State) **Jefferson Barracks, MO**

DATE REC'D BY LOCAL REG. **NOV 12 58**

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

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Gus Lowe 2930 Dickson St.**

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 *Leroy U. Janniter*

Licensed Embalmer No. *452*

P. O. Address *4251 Wash*

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.