

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015757

State File No. _____

2 3880

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

FILED MAY 8 1959

REG. DIST. NO. _____

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1. PLACE OF DEATH a. COUNTY		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) OR TOWN ST. LOUIS		c. CITY OR TOWN UNIVERSITY CITY	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL		e. STREET ADDRESS (If rural, give location) 719 YALE AVE.	
3. NAME OF DECEASED a. (First) DAVID		b. (Middle) SOLOMON	
c. (Last) SOLOMON		4. DATE OF DEATH APRIL 19th, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH NOVEMBER 21, 1894
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Buyer	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME SIMON SOLOMON		13b. MOTHER'S MAIDEN NAME LENA SINAI	
14. NAME OF HUSBAND OR WIFE *****		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME Hubert Solomon # 6 Fairwinds Ct.	
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 442x 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio sclerotic Cardiovascular Disease & congestive heart failure	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 3 years.	
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) (Min)	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 Feb. 14, 1959, to April 19, 1959, that I last saw the deceased alive on April 18, 1959, and that death occurred at 9:50 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Marion Birenbaum M.D.		23b. ADDRESS 462 N. Taylor, St. Louis 8,	
23c. DATE SIGNED 4/19/59		24. LOCATION (City, town, or county) (State) St. Louis County Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/21/59	24c. NAME OF CEMETERY OR CREMATORY CHEVRA KADISHA CEMETERY	
24d. DATE REC'D BY LOCAL REG. APR 20 1959		24e. REGISTRAR'S SIGNATURE ROAN SMITH, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf Inc.		ADDRESS 5216 Delmar Blvd	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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37U

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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 *Peter B. Dubois*.....
Licensed Embalmer No. *101*.....

P. O. Address *St. Mary*.....

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.