MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2764 — 62-037219 STATE FILE NUMBER

FILED OCT 1 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Length of stay in 1b 4½ mos
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis County Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY ST LOUIS
c. CITY OR TOWN University City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1434 Waldron — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: MARY Middle: Solomon Last:
4. DATE OF DEATH Month: Sept Day: 22 Year: 1962
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Aug. 1875
9. AGE (last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jacob Stahl
13b. MOTHER'S MAIDEN NAME: (unk)
14. NAME OF HUSBAND OR WIFE: Saul Solomon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Irving Solomon — ADDRESS: 2215 W. 44th St. Minneapolis, Minn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 30, 1962, to Sept 22, 1962 and last saw her/him alive on Sept 22, 1962
Death occurred at 2:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J Harris (Degree or title) M.D.
22b. ADDRESS 601. S. Brentwood Bl.
22c. DATE SIGNED 9/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9-25-62
23c. NAME OF CEMETERY OR CREMATORY: United Hebrew Ce.
23d. LOCATION (City, town, or county) (State): University City, Mo.

24. FUNERAL DIRECTOR ADDRESS: Berger Memorial 4715 McPherson
25. DATE RECD. BY LOCAL REG.: 9-25-62
26. REGISTRAR'S SIGNATURE: John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Louis G. Lindberg

Licensed Embalmer No. 4229

P. O. Address_____

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.