

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

23840

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. 8213
 City..... St. Louis (No.....) St..... Ward.....

2. FULL NAME

John Margolf
 (a) Residence. No. 1725 Marcus Av St. 5 Ward.....
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mable Margolf</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 5 1884</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>38</u>	<u>7</u>	<u>27</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work..... <u>Huckster</u>				
(b) General nature of industry, business, or establishment in which employed (or employer).....				
(c) Name of employer.....				

9. BIRTHPLACE (CITY OR TOWN)..... Ills
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>John Margolf</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ills</u>
	12. MAIDEN NAME OF MOTHER <u>Wont know</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ills</u>

14. INFORMANT Mable Margolf
 (Address) 1725 Marcus Av.

15. FILED Mable Starkeoff
 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2 1922

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....
 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 6.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
hemorrhagic Pancreatitis
W.M.A.
 (duration)..... yrs. mos. ds.

CONTRIBUTORY (SECONDARY).....
 (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY..... Yes
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Edward Rodette Coroner M. D.

Oct 4, 1922 (Address) Municipal Court Bldg
 *State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter + Pauls Cemetery DATE OF BURIAL 10/5 1922
 ADDRESS 4822 Easton

20. UNDERTAKER Chas L Dougherty

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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