

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

Do not use this space.

13152

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **Jewish**) **Woz** St. Ward

File No.
 Registered No. **3712**
 St. Ward

2. FULL NAME

Dora Margalou
 (a) Residence, No. **732 Westgate** St. **12** Ward. **University City**
 (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 **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) **widow**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Abraham J. Margalou**
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **unk**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **ab 74**

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **At home**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Open**
 (STATE OR COUNTRY) **Germany**

10. NAME OF FATHER **Ligman Sachs**
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER **Mara Saunders**
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**
 (STATE OR COUNTRY)

14. INFORMANT **Mrs. Fannye G. Roberts**
 (Address) **5765 Brought**

15. FILED **Mar 21 1929**
Wes C. Taylor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar 26 1929**
 17. I HEREBY CERTIFY, That I attended deceased from **March 24**, 19**29**, to **March 26**, 19**29**
 that I last saw h. or alive on **March 25**, 19**29**, and that death occurred, on the date stated above, at **2:45** a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholecystitis
127B
129 / 24 B
 (duration) yrs. mos. **4** ds.
 CONTRIBUTORY **Peritonitis**
 (SECONDARY)
 (duration) yrs. mos. **2** ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH:
 DID AN OPERATION PRECEDE DEATH? **no** DATE OF
 WAS THERE AN AUTOPSY? **no**
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) **Albert E. Tausig**, M. D.
Mar 26, 19 29 (Address) **3720 Washington**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Orni Amara** DATE OF BURIAL **3/27 1929**
 20. UNDERTAKER **H B Berger** ADDRESS **4715 McPherson**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. 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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