

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

Do not use this space.

27367

**1. PLACE OF DEATH**

County.....  
Township.....  
City *St. Louis Mo*

Registration District No. *791*  
Primary Registration District No. *1033*  
(No. *Missouri Baptist Hospital*)

File No.....  
Registered No. *17849*  
St..... Ward

**2. FULL NAME** *Mrs. Lena Margulis*

(a) Residence, No. *6605 Kingsbury St.* Ward. *12* *St. Louis Co. Mo*  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred *4 1/2* yrs. (nos. ds. How long in U. S., if of foreign birth? *4 1/2* yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Widowed*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*about 68* — — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —  
10. Date deceased last worked at this occupation (month and year) *27. 32* 11. Total time (years) spent in this occupation *40 1/2*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Russia 23*

13. NAME *David Mocha-Pearlman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Russia*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Russia*

17. INFORMANT *Mrs. Hattie Bless*  
(ADDRESS) *6665 Kingsbury St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Chapel Street* DATE *Aug. 29 1932*

19. UNDERTAKER *Oxenhandler Funeral Home*  
(ADDRESS) *4469 Washington Blvd.*

20. FILED *Aug 29 1932* *Miss A. L. Prizatal*  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 29 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 28 1932* to *Aug 29 1932*

I last saw her alive on *Aug 29, 1932* Death is said to have occurred on the date stated above, at *1:40 P.M.*

The principal cause of death and related causes of importance were as follows:

*Acute Acidosis resulting from Diabetes Mellitus*

*13 1/2 5 1/2*  
Other contributory causes of importance:  
*Nephritis Chronic*  
*Myocarditis Chronic*

Date of onset

Name of operation *None* Date of

What test confirmed diagnosis? *Blood & Urine* Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify (Signed) *A. L. Prizatal* M. D.

(Address) *Mo. Baptist Hospital*

*A. L. Prizatal*

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.

