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.

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

Do not use this space.

18435

File No. 4690

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 78

Township ..... Primary Registration District No. 2

City St. Louis (No. ....., Jewish Hosp St. ..... Ward)

2. FULL NAME Meyer Margolies

(a) Residence, No. 5838 Page 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Esther Margolies

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 13-1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

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) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mohilev Russia

FATHER

13. NAME Moses Margolies

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

MOTHER

15. MAIDEN NAME Sosie Gitel

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

17. INFORMANT (ADDRESS) Meyer Persow NSB 5838 Page

18. BURIAL, CREMATION, OR REMOVAL PLACE Hevra Kedisha DATE 5/28 1933

19. UNDERTAKER (ADDRESS) H B Berger 4715 McPherson

20. FILED ....., 19.... J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

6

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23, 19.... to May 27, 1933

I last saw him alive on May 27, 1933 Death is said to have occurred on the date stated above, at 5:20 p.m.

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

	Date of onset
1) Myocarditis, chronic	
2) Arteriosclerosis, general	
3) Coronary occlusion	
4) Angina	
5) Hemiplegia, rt	1 day
6) Carcinoma of stomach (?)	

Other contributory causes of importance:

93C
94F
92D

4CB

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

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? .....

If so, specify .....

(Signed) Harry Segress, M. D.

(Address) Jewish Hospital, St. L. Mo.