

00114 1306

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

791
1003

32939
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(d) Street No. Central Hosp.
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Gertrude Marglous
(a) Residence, No. 723 Interdrive St. U. City Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Rubin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
49 7 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as 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) Grand Tower
(STATE OR COUNTRY) Ills.

13. NAME Abraham J. Marglous

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

15. MAIDEN NAME Doris Sachs

16. BIRTHPLACE (CITY OR TOWN) Poznan
(STATE OR COUNTRY) Poland

17. INFORMANT M. Morglous
(ADDRESS) Pierce Bldg.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bnai Amoona DATE 9-26-37

19. FUNERAL DIRECTOR (ADDRESS)

20. FILE

SEP 26 1937

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1937, to Sept 26, 1937

I last saw her alive on Sept 25, 1937 Death is said to have occurred on the date stated above, at 7:10 pm.

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

Myocardial infarction - Can
Primary seat in aneurysm
Date of onset 9/11/37

Other contributory causes of importance:

Name of operation Exsanguination Date of Sept 26
What test confirmed diagnosis? Lab 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 no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) John C. Braver M. D.
(Address) 4518 Washington Ave

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.

2993

SEP 26 1937

STATEMENT BY LICENSED EMBALMER

I, S. S. Briggs, Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

.....L E.....

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Registered Apprentice No.

Licensed Embalmer No. 139

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.)