

REC'D FEB 10 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
791  
1003902  
Do not use this space.

902

Registered No.

## 1. PLACE OF DEATH

- (a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City..... St. Louis..... (d) Street No..... Central Hosp. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME <sup>263</sup> Dora Shucart

- (a) Residence, No. 6409 Enright St.  University 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Shucart		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1879		
7. AGE	YEARS 59	MONTHS 10
	DAYS 29	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.		
FATHER	13. NAME Louis Margulis	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.	
MOTHER	15. MAIDEN NAME Miriam (unk)	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.	
17. INFORMANT Herman Shucart (ADDRESS) 6409 Enright		
18. BURIAL, CREMATION, OR REMOVAL Placed in Shel Emeth DATE 1/29/39		
19. FUNERAL DIRECTOR (NAME) H. B. Berger (ADDRESS) 4715 McPherson Ave.		
20. FILED JAN 29 1939 J. F. Braddock Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan 26, 1939, to Jan 27, 1939. I last saw him alive on Jan 27, 1939. Death is said to have occurred on the date stated above, at 7:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
 Diabetes Mellitus  
 " acidosis  
 59

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? Laboratory tests 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? No.  
 If so, specify John C. Bracy, M. D.  
 (Signed) (Address) 4578 Washington Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.

**STATEMENT BY LICENSED EMBALMER**

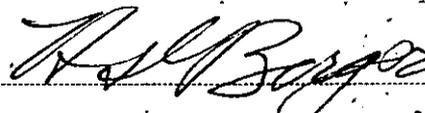
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

H. I. Berger

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1597

P. O. Address 4715 McPherson

**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.)**

**If this body is not embalmed, above space should be left blank.**