S. No. 2
M—1-4-41
. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12014

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 696

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: S. E. Ashby & Thorpe (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 96

(c) City or town University (If outside city or town limits, write "RURAL") 3

(d) Street No. 6326 Cates ave. (If rural, give location) 5

(e) Citizen of foreign country? U. S. citizen (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Hyman Margulis

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Nettie Weitzman

6. (c) Age of husband or wife if alive years

7. Birth date of deceased unk (Month) (Day) (Year)

8. AGE: Years ab 63 | Months | Days | If less than one day hr. min.

9. Birthplace Volhynia (City, town, or county) U.S.S.R. (State or foreign country)

10. Usual occupation tailor unemployed

11. Industry or business wholesale

FATHER 12. Name Louis Margulis

FATHER 13. Birthplace (City, town, or county) U.S.S.R. (State or foreign country)

MOTHER 14. Maiden name Miriam (unk)

MOTHER 15. Birthplace (City, town, or county) U.S.S.R. (State or foreign country)

16. (a) Informant Mrs. Ida Margulis

(b) Address 6326 Cates ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/27/42 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 Mcpherson

19. (a) MAR 27 1942 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 26th year 1942 hour 9 a.m. minute M.

21. I hereby certify that I attended the deceased from mar 12, 1942 to mar 26, 1942 that I last saw him alive on mar 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia bronchial — Duration 3 days

Due to arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Roy A Walters (M. D. or other)

Address 2438 Woodson Rd. Date signed mar 27 42

(Licensed Embalmer's Statement on Reverse Side)

96
13
1

152
3/29/42

MAR 31 1942

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.....

....., 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, fact should be so stated above.