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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19134**

FILED MAY 22 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1884**

1. PLACE OF DEATH

(a) County _____
(b) City or town **St. Louis,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3216 Chippewa St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **000**
(c) City or town **St. Louis,** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3216 Chippewa St.,** **9**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Henry C. Margolf**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male,** 5. Color or race **White,** 6. (a) Single, widowed, married, divorced **Widowed,**

6. (b) Name of husband or wife **Louise Margolf,** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 14, 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 9 29 hr. min.

9. Birthplace **Madonville, Illinois,**
(City, town, or county) (State or foreign country)

10. Usual occupation **Caretaker**

11. Industry or business **Retired 4 Years,**

12. Name **Charles Margolf,** **7**

13. Birthplace **Unknown,** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown,**

15. Birthplace **Unknown,** (City, town, or county) (State or foreign country)

16. (a) Informant **Raymond J. Margolf,**

(b) Address **3216 Chippewa St.,**

17. (a) **Burial,** (b) Date thereof **5/17/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Resurrection Cemetery,**

18. (a) Signature of funeral director **Gebken-Benz Mortuary**

(b) Address **2842 Meramec St.,**

19. (a) **184** (b) **J. F. Bredes**
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13th**
year **1947** hour **11:** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **April 19, 1947** to **May 13, 1947**
that I last saw him alive on **April 13, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Left Cerebellar Hemorrhage** **2 1/2 da.**

Due to **Essential Hypertension** **3 Yrs**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **82**

Major findings: Of operations _____
Of autopsy _____
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? _____

While at work? (Specify type of place) _____ (e) Means of injury **0**

23. Signature **A. J. Hault** (M. D. or other) _____
Address **3406 Bienville** Date signed **5/14/47**

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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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address. 2842 Meramec St.,
St. Louis, 18, Mo.

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.