. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29294

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7556

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: Jewish Hospital 6
(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 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 721 Heman Avenue 5
(If rural, give location)
(e) Citizen of foreign country? NR (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME SAM B. MARGULIS
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 Married
6. (b) Name of husband or wife Rose Bleiweiss Margulis
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased May (Month) 12 (Day) 1897 (Year)

8. AGE: Years 50 Months 2 Days 28 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation Agent
11. Industry or business Metropolitian Life Ins. Co.
MOTHER FATHER
12. Name Meyer Margulis
13. Birthplace Russia (City, town, or county) (State or foreign country) 6
14. Maiden name Gitel Blank
15. Birthplace Russia (City, town, or county) (State or foreign country) 6
16. (a) Informant Mrs. Sam B. Margulis
(b) Address 721 Heman Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.
18. (a) Signature of funeral director Herman Rudolph
(b) Address 5216 Delmar Blvd.
19. (a) AUG 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9 year 1947 hour 10 minute 10 a.m.
21. I hereby certify that I attended the deceased from Oct 7, 1946 to 8/9, 1947 that I last saw h alive on 8/6/47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute Ind. Pneumonia 1-2 days
Due to Mitral Stenosis & Insuff.
Due to Myocardial Insuff.
Due to —
Other conditions — 92
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of 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 Alton E. Frank (M. D. or other) MD
Address 538 N. Grand Date signed 8/9/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....John Kettler.....

Licensed Embalmer No.....3880.....

P. O. Address.....

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.