No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6725
1729

FILED MAR 4 1948

Registration District No. 318 Primary Registration District No. ..... Registrar's No. 1006

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: Park Lane Hospital
(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 Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4543 McPherson 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 12
If yes, name country .....

3. (a) PRINT FULL NAME Mary M. Margelis
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Constantine B. Margelis
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased August (Month) 12 (Day) 1896 (Year)

8. AGE: Years 51 Months 6 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
MOTHER FATHER
12. Name William H. Reynolds
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Mary Farrar
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Constantine B. Margelis
(b) Address 4543 McPherson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) FEB 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 18 year 1948 hour 8 minute 50 P.M.
21. I hereby certify that I attended the deceased from Feb 9 1948, to Feb 18 1948, that I last saw him alive on Feb 18 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas
Due to Cause of Cancer
Not Known
Due to .....
Other conditions (Include pregnancy within 3 months of death) —
Major findings: Of operations Carcinoma Pancreas
Of autopsy None

Duration
Cancer
Not known
Hoff

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature John D. Hoff, M.D. (M. D. or other)
Address Metropolitan Bldg. St. Louis Date signed 2-19-48

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.