

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

21461
 State File No. 5657
 Registrar's No.

FILED JUL 13 1950

318

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 39 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		5061		
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY Hosp.				f. STREET ADDRESS (If rural, give location) 1371 Blackstone				
3. NAME OF DECEASED (Type or Print) a. (First) GRACE b. (Middle) _____ c. (Last) DAY			4. DATE OF DEATH (Month) (Day) (Year) June 28 1950					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 25, 1910		
9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reg. Nurse			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME LOUIS MARGULIS			13b. MOTHER'S MAIDEN NAME Anna Goldberg		14. NAME OF HUSBAND OR WIFE John			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. M. Zimmerman - 8132 Appleton				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Gastric Dilatation ANTECEDENT CAUSES Pulmonary Congestion; Overdose of Phenobarbital self administered at her home DUE TO (c) 1371 Arlington Ave on June 25 1950 II. OTHER SIGNIFICANT CONDITIONS unknown Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Suicide			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo				
21d. TIME OF INJURY June 25 5:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2970 B				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Patricia Clayton Currier				23b. ADDRESS 1300 Clark		23c. DATE SIGNED July 5		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/30/50		24c. NAME OF CEMETERY OR CREMATORY Chesco St. Elizabeth University Ch.		24d. LOCATION (City, town, or county) (State) Mo		
DATE REC'D BY LOCAL REG. JUL 29 1950		REGISTRAR'S SIGNATURE J. B. Harster		25. FUNERAL DIRECTOR'S SIGNATURE Ray Memorial		ADDRESS 2715 Madison		

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Quinn J. Juding* _____

Licensed Embalmer No. *4229* _____

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.