

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11123**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **768**

1. PLACE OF DEATH a. COUNTY <b>St. Louis Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Airport Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JEWISH SANATORIUM</b>		d. STREET ADDRESS (If rural, give location) <b>6041 Bartonier</b>	

3. NAME OF DECEASED a. (First) <b>Meyer</b> (Type or Print)		b. (Middle) _____		c. (Last) <b>MARGULIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 23 51</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>UNKNOWN</b>	9. AGE (In years last birthday) <b>ABT. 77</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Tailor</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>RUSSIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>KATIE MARGULIS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Lee Margulis - 726 Westgate</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetic acidosis, precipitated by fracture of hip suffered on</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3.17.51</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>longstanding diabetes mellitus</b>		DUE TO (c) <b>cereb. cerebral arteriosclerosis</b>		Interval since <b>11 years</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Interval since <b>9 years</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>see X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **January 10, 1951**, to **March 23, 1951**, that I last saw the deceased alive on **March 23, 1951**, and that death occurred at **3:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Allegacion M.D.</b>		23b. ADDRESS <b>Jewish Sanatorium Fee Fee Road, Robertson, Mo.</b>		23c. DATE SIGNED <b>3/23 51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3/25/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chapel Shel Emeth Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
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DATE RECD BY LOCAL REG. <b>3/25/51</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dombke M.D.</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Herman Rindler</b>		ADDRESS <b>5216 Delmar</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*John Ketter*  
3880

Licensed Embalmer No. \_\_\_\_\_

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.