

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 14444
 2698

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	
b. CITY OR TOWN ST. LOUIS		b. COUNTY ST. LOUIS	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN CLAYTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH Hosp		d. STREET ADDRESS 46 6323 So. Rosebury	
3. NAME OF DECEASED (Type or Print) a. (First) Herman		c. (Last) MARGULIS	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) Mar 22, 1951	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Feb 18 1875
9. AGE (in years last birthday) 75		10. MONTHS 6	11. DAYS 6
12. IF UNDER 1 YEAR Hours		13. IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dry cleaner		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) U.S.S.R.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David Margulis		13b. MOTHER'S MAIDEN NAME unk	
14. NAME OF HUSBAND OR WIFE Sarah		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or for unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Murray Margulis	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS 6316 N. Rosebury	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION Pulmonary edema	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH 7 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) arteriosclerotic heart disease DUE TO (c) acute appendicitis	
19a. DATE OF OPERATION 3/8/51		19b. MAJOR FINDINGS OF OPERATION acute appendicitis	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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? 5500		22. I hereby certify that I attended the deceased from 12-11, 1947, to 3-22, 1951, that I last saw the deceased alive on 3-22, 1951, and that death occurred at 4:00 p. m., from the causes and on the date stated above.	
23a. SIGNATURE M. Norman Ortel M.D.		23b. ADDRESS 508 North Grand, St. Louis	
23c. DATE SIGNED 3/22/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3/23/51		24c. NAME OF CEMETERY OR CREMATORY Chadwell Smith	
24d. LOCATION (City, town, or county) (State) University City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Orgen Marshall	
DATE REC'D BY LOCAL REG. MAR 23 1951		REGISTRAR'S SIGNATURE J. B. Lasater	
25. ADDRESS 4715 McPherson		25. ADDRESS	

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

[Handwritten signature]

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.....

Quiro J. Andujar
Licensed Embalmer No. *4259*

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.