N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

0 3343

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 567

Township ..... Primary Registration District No. 1002 Registered No. .....

City St. Louis (No. #909 Walton Ave. St. ..... Ward)

2. FULL NAME Andre K. De Krekorian

(a) Residence. No. #909 Walton Ave. St. 12 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Naza De Krekorian

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24, 1861.

7. AGE: Years 69. Months 3. Days 18. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED Retired
(a) Trade, profession, or particular kind of work Advertizing
(b) General nature of industry, business, or establishment in which employed (or employer) Business for self. 357
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Karpoot
(STATE OR COUNTRY) Armenia

PARENTS

10. NAME OF FATHER Andre De Krekorian
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Armenia
12. MAIDEN NAME OF MOTHER Anna Kapralian
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Armenia

14. INFORMANT Julia De Krekorian
(Address) 909 Walton Ave.

15. FILED 14 1931 19 Max C Starkloff REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany. 12, 1931.

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1931, to Jan 12, 1931 that I last saw him alive on Jan 12, 1931, and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral. Apoplexy Hemorrhage
131
82A
97 (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis and chronic Nephritis (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) James L Potter, M. D
1-13, 1931. (Address) 4635 Easton, ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Laurel Hill Cem.
DATE OF BURIAL: 1-15, 1931.

20. UNDERTAKER: C. R. Lupton.
ADDRESS: #4449 Olive Street.

?-

46 [illegible]
[illegible]