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

Do not use this space.

14687

File No. 4079

Registered No.

**1. PLACE OF DEATH**

County ..... Registration District No. 7911

Township ..... Primary Registration District No. 1078

City St. Louis (No. City Hospital ..... St. ..... Ward)

2.2097

**2. FULL NAME** Garkebad Pilivadoian

(a) Residence, No. 7919 Overbeck St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) |
|---|---|---|
| male | white | single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | abt. 40 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Turkey

FATHER

13. NAME Gabens Pilivadoian

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Turkey

MOTHER

15. MAIDEN NAME Ellis Kackeyian

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Turkey

17. INFORMANT Hospital Information
(ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis U. DATE 4-8 1932

19. UNDERTAKER Walter Richter
(ADDRESS) 3510 12 Bates St

20. FILED APR 26 1932 Mat C. Farrell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27th, 1932, to April 4th, 1932

I last saw him alive on April 4th, 1932. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | |
| 23A | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. O. Macnish, M. D.

(Address) City Hospital

HEAD: Carefully read information shown 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.