

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 6171
1322

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST LOUIS MISSOURI				c. LENGTH OF STAY (in this place) 8 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) ST Louis 2189			
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital.				d. STREET ADDRESS (If rural, give location) 18 4510 Clayton					
3. NAME OF DECEASED (Type or Print) a. (First) SARKIS			b. (Middle) DALTZAR		c. (Last) ERGANTAN		4. DATE OF DEATH (Month) (Day) (Year) FEB 7 1950		
5. SEX 0 Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH 1-6-1874		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) Artist			10b. KIND OF BUSINESS OR INDUSTRY Painting		11. BIRTHPLACE (State or foreign country) Asia Minor		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Bagdasar Erganian			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Nevart				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Nevart Erganian				ADDRESS 4510 Clayton	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION				INTERVAL BETWEEN ONSET AND DEATH 9 days	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE				5 years	
				DUE TO (c) DUODENAL ULCER				2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) H 210					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 Jan. 30, 19 50, to Feb. 7, 19 50, that I last saw the deceased alive on Feb. 7, 19 50 and that death occurred at 8:15 P.m., from the causes and on the date stated above.									
23a. SIGNATURE J. B. Pasater				(Degree or title) M.D.		23b. ADDRESS Barnes Hospital,		23c. DATE SIGNED 2/8/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-10-1950		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine		24d. LOCATION (City, town, or county) (State) ST Louis Mo			
DATE REC'D BY LOCAL REG. FEB 10 1950		REGISTRAR'S SIGNATURE J. B. Pasater			25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, Mo.				

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

1322

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 *Howard F. Rawls* _____

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.