

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3281**
Registrar's No. **0763**

FILED FEB 2 1954

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY 0 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY | |
| b. CITY OR TOWN ST. LOUIS, MISSOURI | | c. CITY OR TOWN E St Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL | | e. STREET ADDRESS (If rural, give location) 2410a State Street | |
| 3. NAME OF DECEASED (Type or Print) SAHAG | | 4. DATE OF DEATH (Month) (Day) (Year) JANUARY 23, 1954 | |
| 5. SEX Male | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | | 8. DATE OF BIRTH Nov. 25, 1887 | |
| 9. AGE (In years last birthday) 66 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor | |
| 10b. KIND OF BUSINESS OR INDUSTRY Arman Cleaners | | 11. BIRTHPLACE (City and State or Foreign Country) Armenia | |
| 12. CITIZEN OF WHAT COUNTRY? U S A | | 13a. FATHER'S NAME Koulast Sirounian | |
| 13b. MOTHER'S MAIDEN NAME Pamboug Tetezian | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 340-28-9270 | |
| 17. INFORMANT'S SIGNATURE OR NAME Arman Bakajian | | ADDRESS 2410a State St E. St. Louis | |
| 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) CARCINOMA OF LUNG ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2 metastases DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? 163X | | 22. I hereby certify that I attended the deceased from 1-21-54 , 19___, to 1-23-54 , 19___, that I last saw the deceased alive on 1-23-54 , 19___, and that death occurred at 6:25A m., from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) Shala M. Ripke | | 23b. ADDRESS 1515 Lafayette Avenue | |
| 23c. DATE SIGNED 1-25-54 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 24b. DATE Jan. 25, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY East St Louis, Ill. | |
| 24d. LOCATION (City, town, or county) (State) | | 25. FUNERAL DIRECTOR'S SIGNATURE J. Carl Smith | |
| DATE REC'D BY LOCAL REG. JAN 25 1954 | | ADDRESS 1101 N 9th St. E. St. Louis | |

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

(Licensed Embalmer's Statement on Reverse Side)

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
Signature of Student Embalmer

Pat Embalmers

Signed *John J. Kausky*
Licensed Embalmer No. *F-10*
P. O. Address *E. St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.