

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

Do not use this space.

39146

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis mo (No.) mo Baptist Hospital

File No. _____
Registered No. 11629
St. _____ Ward _____

2. FULL NAME

Sarkis Bozorian
(a) Residence. No. Bond ave East St. Louis 2nd 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. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise Bozorian</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>4-10-1894</u>		
7. AGE YEARS <u>35</u>	MONTHS <u>7</u>	DAYS <u>16</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Baker</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Armenia</u>		
PARENTS	10. NAME OF FATHER <u>Kozar Bozorian</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Armenia</u>	
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Armenia</u>	
14. INFORMANT <u>Louise Bozorian</u> (Address) <u>2001 Park ave</u>		
15. FILED <u>NOV 28 1929</u> <u>W. C. Stodley</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-26-1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 23rd 1929 to Nov 26th 1929 that I last saw him alive on Nov 26th 1929, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastric ulcer (Stomach) of stomach (?) (duration) 6 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) None (duration) None yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED None
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) James B. Richardson M. D.
(Address) 4004 Chestnut

*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 <u>Bellfontain</u>	DATE OF BURIAL <u>11-28 1929</u>
20. UNDERTAKER <u>M. Laughlin</u>	ADDRESS <u>1631 mo. ave</u>

COPY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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