

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.

FEB 27 1934

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

Do not use this space.

3213
872

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **Shall** (No. **Sh. Johns Hospital**) St. Ward

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. **10210 Frey** St. **2V** Ward

(If nonresident, give city or town and State)

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 Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Sarkis Behiter | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown | | |
| 7. AGE YEARS ab 57 | MONTHS | DAYS |
| If LESS than 1 day, hrs. or min. | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 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) Syria | | |
| 13. NAME unknown | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syria | | |
| 15. MAIDEN NAME unknown | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syria | | |
| 17. INFORMANT Elias Behiter (ADDRESS) 10210 Frey | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE New St Peter Paul DATE Jan 25 1934 | | |
| 19. UNDERTAKER John P. Coakley & Bro (ADDRESS) 2928 No Grand St | | |
| 20. FILED 1934 J. J. Bedeck Registrar. | | |

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 22 - 1934**

22. HEREBY CERTIFY, That I attended deceased from **Jan 11 1934**, to **Jan 22 1934**
I last saw him alive on **Jan 22 1934**. Death is said to have occurred on the date stated above, at **3:30 p. m.**
The principal cause of death and related causes of importance were as follows:

| | |
|----------------------------|--------------------------------|
| Cerebral Hemorrhage | Date of onset 1/2/34 |
| Chronic Nephritis | 15 yrs. |
| Hypertension | |

Other contributory cause of importance: **no**

Name of operation **no** Date of
What test confirmed diagnosis? **not** Was there an autopsy? **no**

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? **no**
If so, specify
(Signed) **John M. McEwen**, M. D.
(Address) **816 - Metropolitan Bldg**

