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

Do not use this space.

File No. 3474
Registered No. 506

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1. PLACE OF DEATH
County
Township
City St. Louis (No. City Hospital No. 1, St. Ward)

FEB 8 1937
Registration District No. 791
Primary Registration District No. 1003

B. 13918

2. FULL NAME Cecelia Malkonian
(a) Residence, No. 910 a Chambers St., 26 Ward. 1
(Usual place of abode) (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
HUSBAND OF (OR) WIFE OF Mike Malkonian

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1893

7. AGE: Years 43, Months 7, Days 16, If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier 39
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metal Ware Factory
10. Date deceased last worked at this occupation (month and year) 1
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

FATHER
13. NAME William Fischer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

MOTHER
15. MAIDEN NAME Meta Mangels
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) Hosp. Info. M.H. Kent, City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE Jan. 14, 1937

19. UNDERTAKER (ADDRESS) Reinerwicker Funeral Home, 1936 St. Louis Ave.

20. FILED JAN 13 1937, 19 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/11/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/26/36, 19 to 1/11/37, 19
I last saw her alive on 1/11/37, 19 Death is said to have occurred on the date stated above, at 7.45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix with metastasis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) T. E. [illegible], M. D.
(Address) City Hospital No. 1

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.

WHITE PLAINS, N.Y. 10603 X9314