

OCT 14 1937

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

32548

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **Lutheran Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Baby Girl Kayarian**

(a) Residence, No. **4983a Parker** St. **14**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **---**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 13, 1937**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
Stillborn

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) **St. Louis,**
(STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **A. Kayarian**
14. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Corinne Schuermann**
16. BIRTHPLACE (CITY OR TOWN) **St. Louis,**
(STATE OR COUNTRY) **Mo.**

17. INFORMANT **Mr. A. Kayarian**
(ADDRESS) **4983a Parker**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Concordia Cem.** DATE **Sept. 14, 1937**

19. FUNERAL DIRECTOR **Beiderwieden Fun. Home, Inc.**
(ADDRESS) **1936 St. Louis Ave.**

20. FILED **SEP 13 1937** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 13, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **9-13-**, 19**37**, to **9-13**, 19**37**.

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at **5:03 A.M.**

The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy **no**.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** 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) **Thos. Dando**, M. D.
(Address) **1319 No. Broadway**

Rev Frank Dembo
3400 California
1319 S Highway
10-11-30
1-3

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by *Baby not Embalmed* Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)