

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Blair Nil
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 52 yrs
years, months or days

3. (a) PRINT FULL NAME MINNIE TOPOLIAN

3. (b) If veteran, name war NIL 3. (c) Social Security No. NIL

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GEORGE TOPOLIAN 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased DEC. 22 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace PERRYVILLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business NIL

12. Name WILLIAM RODEWALT

13. Birthplace PERRYVILLE MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MARY SITNER

15. Birthplace PERRYVILLE MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant WILLIAM MEES

(b) Address 4146 PECK ST.

17. (a) Reported (b) Date thereof AUG 29 1940
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHEM CEM.

18. (a) Signature of funeral director Jud Meyer & Sons

(b) Address 3934 N 20th St. Louis Mo.

19. (a) AUG 27 1940 (b) J. B. Black
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS 26
(If outside city or town limits, write "RURAL")
(d) Street No. 3814A BLAIR AVE.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month AUGUST day 26th 1940
year 7 P.M. hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 20 1940 to Aug 26 1940
that I last saw her alive on Aug 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration 4 day

Due to arterio sclerosis and high blood pressure

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none gpa PHYSICIAN

Of autopsy none
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature H. F. Miller (M. D. _____)
Address 8410 N Broadway Date signed 8/27/40

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

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Alfred J. Boedeker
Licensed Embalmer No. 2663
P. O. Address 7209 Paine

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 this body is not embalmed, above space should be left blank.