

No. 2
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5-17-39
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JUN 6 1941
Registration District No. 780

Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 2/26/41
In this community Since 2/26/41 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 11
(c) City or town Granite City (If outside city or town limits, write "RURAL")
(d) Street No. 921 Pessewig Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Manas Gederian
3. (b) If veteran, name war World 3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2nd year 41 hour 1:40 minute _____ P. M.
21. I hereby certify that I attended the deceased from February 26th 19 41 to May 2nd 19 41 that I last saw him in alive on May 2nd 19 41 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 21 1887 (Month) (Day) (Year)

Immediate cause of death Pyonephrosis and Nephrolithiasis, right. Duration 10 years

8. AGE: Years Months Days If less than one day
53 5 11 - hr. - min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 134 W

9. Birthplace Armenia (City, town, or county) (State or foreign country) 8

Major findings: Of operations Nephrotomy. Of autopsy None PHYSICIAN _____ Underline the cause to which death should be charged statistically.

10. Usual occupation Laborer

11. Industry or business _____

12. Name Unknown 9

13. Birthplace _____ (City, town, or county) (State or foreign country) 9

14. Maiden name Unknown 9

15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant M. Schellig

(b) Address Clinical Clerk, VAF, Jeff. Bks. Mo.

17. (a) BURIAL (b) Date thereof MAY 6-41 (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEM.

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 7814 S. Bbb lways

19. (a) MAY - 6 1941 (Date received local registrar) (b) C. W. Hughes (Registrar's signature) A.R.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(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? _____

(Specify type of place) While at work? Yes (Specify type of injury) _____
23. Signature C.W. HUGHES, M.D. (M. D. or other) D
Address Chief Medical Officer Date signed _____

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 *Linus C. Pfeiffer*

Licensed Embalmer No. *3871*

P. O. Address. *7814 S. Broadway*

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, fact should be so stated above.