V. S. No. 2
DM—1-4-41
ev. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 680

Primary Registration District No. 1003

Registrar's No. 721

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17
9

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

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(a) State Missouri (b) County 12 11

(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5038 Cabanne Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Zaroohee Nushan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widwoed

6. (b) Name of husband or wife K. T. Nushan

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 15, (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Abt. 69			hr. min.

9. Birthplace Turkey (City, town, or county) / (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Sarkis Nahkoian

13. Birthplace Turkey (City, town, or county) / (State or foreign country)

MOTHER

14. Maiden name Elizabeth (Unknown)

15. Birthplace Turkey (City, town, or county) / (State or foreign country)

16. (a) Informant Mr. Oshor Nushan

(b) Address 5038 Cabanne Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-42 (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director SOUTHERN FUNERAL HOME

(b) Address 6322 S. Grand Blvd.

19. (a) JAN 2 1942 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st, year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Dec. 17, 1941, 19, to Jan. 1, 1942, 19; that I last saw her alive on Jan. 1, 1942, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	15 day
Right Hemoplegia	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

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)

(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? (e) Means of injury 0

23. Signature Paul K. Webb M.D. (M. D. or other)

Address Normal Bldg Date signed 1-2-41

544 (Licensed Embalmer's Statement on Reverse Side)

Dr. Paul K. Webb
Chemical Bldg. 12 to 6 PM.
Ches. 6938

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 Virgil L. Berryman

Licensed Embalmer No. 4098

P. O. Address St. Louis Mo.

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.