

FEB MAR 17 1942

Primary Registration District No. **1003**

Registrar's No. **1239**

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:
824a North 18th. St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
 (c) City or town St. Louis. 25-11
(If outside city or town limits, write "RURAL")
 (d) Street No. 824a North 18th. St. 9
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Sarkis Harpootlian.

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

4. Sex M. 5. Color or race W. 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 Unknown. 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months Unknown. Days If less than one day hr. min.

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

10. Usual occupation Proprietor.

11. Industry or business Confectionary Store.

12. Name Garabed Harpootlian.

13. Birthplace Turkish Armenia. X
(City, town, or county) (State or foreign country)

14. Maiden name Gornemat Benneyan.

15. Birthplace Turkish, Armenia. X
(City, town, or county) (State or foreign country)

16. (a) Informant Napoleon Hamtzian

(b) Address 824a No. 18th. St.

17. (a) Burial. (b) Date thereof 2-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director John J. Donnelly

(b) 3840 Lincoln Blvd.

19. (a) FEB 5 1942 (b) J. P. Budack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th.
 year 1942. hour 8. minute A. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw h..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Sclerosis
Arterio Sclerosis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?

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

23. Signature John J. Donnelly (M.D. or other)

Address 11 N. 2nd St. Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

W. Van Matre

Licensed Embalmer No. *2825*

P. O. Address: *4340 Lafayette*

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.