

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **5540**

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:  
**2701 Arlington Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(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**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2701 Arlington Ave**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Sarkis Serabian**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Margaret Serabian** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Mar. 21 1858**  
(Month) (Day) (Year)

8. AGE: Years **84** Months **3** Days **5** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Grocer Clerk**

11. Industry or business **Retired**

12. Name **Toros Serabian**  
13. Birthplace **Armenia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Sona Boghosian**  
(b) Address **2701 Arlington Ave.**

17. (a) **Burial** (b) Date thereof **6-29-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Bellefontaine Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**  
(b) Address **1905 Union Blvd.**

19. (a) **JUN 29 1942 J. J. Medeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **26**  
year **1942** hour **2** minute **P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Dr. O. B. According to History** Duration  
**for many thrombosis**

Due to **Arteriosclerosis** ?  
**Chronic Myocarditis**

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(b) Means of injury **0**

23. Signature **David A. Goldman** M. D. or other) \_\_\_\_\_  
Address **2867 1/2 Union Blvd** Date signed **6/27/42**

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

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17  
9

28673 Division Bv. 9483  
1/2 30 - 2 P.M.

**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 Warren A. Carver  
Licensed Embalmer No. 3534  
P. O. Address.....

**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.**