

FILED OCT 21 1942

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8482

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

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:
2425 So 9th St 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 000
 (c) City or town..... ST. LOUIS 17
 (If outside city or town limits, write "RURAL") 269
 (d) Street No. 2425 So. 9th St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME KARAME IZMIRLIAN

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

4. Sex F 5. Color or race W 6. (a) Single widowed married, divorced 2

6. (b) Name of husband or wife.....
AVAC IZMIRLIAN 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased.....
UNKNOWN 1870
 (Month) (Day) (Year)

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

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

10. Usual occupation..... HOUSE WORK

11. Industry or business..... AT HOME

12. Name..... HAGOB KALANDERIAN

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

14. Maiden name..... UNKNOWN

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

16. (a) Informant..... Fany Izmirlian

(b) Address..... 2425 So. 9th St.

17. (a) Burial (b) Date thereof..... Oct 15 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Bellefontaine Cem.

18. (a) Signature of funeral director..... Wenig Bros.

(b) Address..... 412 Ducheminette St.

19. (a) OCT 13 1942 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 12TH
 year 1942 hour 11 PM. minute..... M.

21. I hereby certify that I attended the deceased from 9-26
 1942 to 10-6 1942

that I last saw her alive on 10-6 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Heart failure Duration 2+ yrs.

Due to..... Degenerative heart disease 2+ yrs.

Due to..... 93

Other conditions..... Generalized arteriosclerosis 2+ yrs.
 (Include pregnancy within 3 months of death)

Major findings: Of operations..... 93 PHYSICIAN.....
 Of autopsy..... 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) (e) Means of injury.....

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

23. Signature..... W. Bredeck (M. D. or other)

Address..... 3651 Grand St. Date signed 10-12-42

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.....

John Hetter

Licensed Embalmer No.....

3880

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.