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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 12726

FILED APR 28 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3606

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

**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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Days (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 944

(a) State Illinois (b) County St Clair

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

(d) Street No. 1401 East Broadway
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Sagnoian

3. (b) If veteran, name war No

3. (c) Social Security No. 348-05-5858

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 December (Month) 1 (Day) 1881 (Year)

8. AGE: Years 61 Months 4 Days 14 If less than one day hr. min.

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

10. Usual occupation Cleaning & Dyeing

11. Industry or business Broadway Cleaner

FATHER
12. Name Michael Sagnoian
13. Birthplace - (City, town, or county) Armenia (State or foreign country)

MOTHER
14. Maiden name Mary Ghogasian
15. Birthplace - (City, town, or county) Armenia (State or foreign country)

16. (a) Informant

(b) Address East St. Louis, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 15, 1943 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ East St. Louis, Ill.

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

(b) Address 1101 N 9th St East St. Louis, Ill.

19. (a) APR 17 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

844

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 15, year 1943 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from March 27, 1943, to April 15, 1943 that I last saw him alive on April 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung

Due to

Due to

Other conditions aortitis, luetic
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Metastases to liver,

Duration

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

23. Signature Frank Steinberg (M. D. or other) M.D.

Address 1515 Lafayette Avenue, Date signed 4/15/43

(Licensed Embalmer's Statement on Reverse Side)

**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.....

Not Embalmed

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John J Kassly

Licensed Embalmer No. 6855 Ill

P. O. Address East St. Louis, Ill

**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.**