

FILED AUG 30 1943 318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2596

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:
Deaconess Hospital
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7121 Michigan Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

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91

3. (a) PRINT FULL NAME Mary Onanian

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Simon 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec. 24 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 7 30 hr. min.

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

10. Usual occupation House Work at Home

11. Industry or business _____

12. Name Harabitian Kaladjian

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

14. Maiden name Rose Hasabian

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

16. (a) Informant Simon Onanian

(b) Address 7121 Michigan Ave.

17. (a) Burial (b) Date thereof 8-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director J. F. Bredeck

(b) Address 7128 Michigan Ave.

19. (a) AUG 24 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1943 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from
8-7-43 1943 to 8-23 1943
that I last saw her alive on 8-23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Pancreas

Due to Duoditis

Due to W. H. J.

Other conditions Acute atrophic gastritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?

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

23. Signature P. B. Cappi M. D. or other MD
Address 3284 D. ... Date signed 8/25-43

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

MOTHER FATHER

84
41-2502

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 Clarence Rochow, Registered Apprentice No. _____ working under my personal supervision.

Signed

Clarence Rochow

Licensed Embalmer No. 3093

P. O. Address

7128 Michigan

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.