

FILED SEP 3 1943

318

Primary Registration District No. 1000

Registrar's No. _____

1. PLACE OF DEATH:

(a) County: St. Louis
 (b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Em Route City Hospital 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none (Specify whether
 In this community 50 years years, months or days)

3. (a) PRINT FULL NAME: George Topolian

3. (b) If veteran, name war: none 3. (c) Social Security No: 195-18-9719

4. Sex: male 5. Color or race: white 6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Lydia Topolian 6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: May 20 1881
(Month) (Day) (Year)

8. AGE: Years: 62 Months: 3 Days: 3 If less than one day: hr. _____ min.

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

10. Usual occupation: stock clerk

11. Industry or business: Famous-Barr Co.

MOTHER FATHER

12. Name: Unknown
 13. Birthplace: Unknown (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: Mrs. Lydia Topolian

(b) Address: 3920 N. 19th. St.

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

(c) Place: burial or cremation: New Bethlehem Cem.

18. (a) Signature of funeral director: Hy. Leidner Und. Co.

(b) Address: 2223 St. Louis Ave.

19. (a) AUG 21 1943 (b) J. F. Braddock
(Date received local registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000
 (c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL") 926
 (d) Street No.: 3920 N. 19th. St.
(If rural, give location)
 (e) City of foreign country? No Attending Physician (Yes or No)
 If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 23
 year: 1943 hour: 4:05 AM minute: _____ 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: Chronic Myocarditis
 Due to: 93
 Due to: _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations: _____
 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? _____

While at work? _____ (Specify type of place)
 (c) Means of injury: _____
 23. Signature: Cliff G. Perry (M.D. or other) 3
 Address: _____ Date signed: 8/24/43

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 *John P. Buchholz*
Thomas L. Bond

Licensed Embalmer No. ~~8867~~ 1674

P. O. Address *2223 St. Louis*

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.