

FILED MAR 14 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1898

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:
3115 A Pestalozzi St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 35 Years In St Louis
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....
(c) City or town. St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3115 A Pestalozzi St
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME GARABED BOGHOSIAN

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

4. Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. KAHMAN BOGHOSIAN 6. (c) Age of husband or wife if alive. 45 years
7. Birth date of deceased. Aug 23 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 6 1 hr. min.

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

10. Usual occupation Shoe Repair Shop

11. Industry or business Prop.

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Kahman Boghosian

(b) Address 3115 A Pestalozzi St

17. (a) Burial (b) Date thereof Feb 28/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director Thomatis
(b) Address 2906 Gravois Ave.

19. (a) Feb 28 1945 (b) J. J. Brudeck
(Date of death) (Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1945 hour 8 35 P.M. Minute M.

21. I hereby certify that I attended the deceased from Feb 21/45
to Feb 23 1945
that I last saw h. 10 alive on Feb 23 1945
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis 270
Chronic Sept. Myophr.

Due to.....
12/10

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

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?

23. Signature H. D. Aufderhaar (M. D. or other) M. D.
Address 3103 Apperal Date signed 2/26/45

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

MOTHER FATHER

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 Ogonowski

Licensed Embalmer No. 3398

P. O. Address. 4700 Washington

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.