

S. No. 2
M-5-43
v. 5-17-39
I X36871

FILED MAR 31 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1596**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(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)

3. (a) PRINT FULL NAME Bedros H. Athanassian

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife not know

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased January 5, 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>1</u>	<u>9</u>hr.min.

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

10. Usual occupation Art importer and dealer

11. Industry or business.....

MOTHER FATHER { **12. Name** Hempirtzum Athanassian

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

{ **14. Maiden name** Horop Barrinien

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

16. (a) Informant Armen B. Athanassian

(b) Address 4337 Washington Blvd.

17. (a) Burial..... (b) Date thereof. Feb. 16, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington-8-

19. (a) FEB 16 1946 J. J. Medeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 4337 Washington
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th
year 1946 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Thrombosis, Arteriosclerosis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

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.....? (Specify type of place)

(e) Means of injury.....

23. Signature Patrick E. Taylor (M. D. or other) 3
Key or Date signed 2/14/46

Address.....

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

Philip M. Henry

Licensed Embalmer No. *3281*

P. O. Address *4468 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.