V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8018

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1843

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

380

6968

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: Missouri Baptist Hosp. 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 107
(If outside city or town limits, write "RURAL")

(d) Street No. 4484 Penrose St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Robert K. Torian

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Olivia Schroeder Torian

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased October (Month) 28 (Day) 1906 (Year)

8. AGE: Years 39 Months 3 Days 23 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name John Torian 9
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Elizabeth (?) 9
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Olivia Torian
(b) Address 4484 Penrose Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) FEB 25 1946 (Date received local registrar) (b) J. F. Braeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1946 hour 8 minute 49 A 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 Frost & second degree burns of entire body suffered when deceased clothing became ignited while he was attempting to start a fire in the furnace of his home with Kerosene on Feb. 20 1946 at about 6:30 a.m.

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Accident

(b) Date of occurrence Feb. 20 1946 000

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? (e) Means of injury Scalm

23. Signature Dr. Alfred J. Perry (M. D. or other) 3

Address Deputy Coroner Date signed 2-22-46

(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 .....

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

working under my personal supervision.

Signed Ben C. Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis, Mo

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.