No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 [illegible]

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2589

Primary Registration District No. 1003

Registrar's No. 1043

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 8560 N. Broadway (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 21 day 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. 8560 N. Broadway (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Loeseia Haroian

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Femail

5. Color or race white

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

6. (b) Name of husband or wife Zokar Haroian

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

7. Birth date of deceased Aug. (Month) 15 (Day) 1894 (Year)

8. AGE: Years 52 Months 5 Days 14 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Dave Tosin
13. Birthplace Turkey (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Un. Known
15. Birthplace Turkey (City, town, or county) (State or foreign country)

16. (a) Informant Humpartz Kalozian

(b) Address 8560 N. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Diedrich F. Homs

(b) Address 8319 Halls Ferry Rd.

19. (a) JAN 31 1947 (Date received local registrar) (b) J. F. Medech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29 year 1947 hour 6-30 A.M. minute M.

21. I hereby certify that I attended the deceased from Jan. 10, 1947, to Jan 28, 1947; that I last saw her alive on Jan. 28, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Edema	2 days
Due to Myocarditis, Chronic	
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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Albert Sausmill (M. D. or other) [illegible]

Address 8363 Halls Ferry Rd. Date signed 1/30/47

(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 Elmer R. Sadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.