

S. No. 2
1-1/47
5-17-39

FILED AUG 28 1948
318

Registration District No.

Primary Registration District No.

1003

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... HOMER G. PHILLIPS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 35 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME

HENRY R. CONTEGIAN

3. (b) If veteran, name war...

3. (c) Social Security No.

4. Sex... M 2
5. Color or race... COL

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

6. (b) Name of husband or wife... DORIS CONTEGIAN

6. (c) Age of husband or wife if alive... 45 years

7. Birth date of deceased... MAY 25 1899 (Month) (Day) (Year)

8. AGE: Years 49 Months 2 Days 18 If less than one day hr. min.

9. Birthplace... LA 1 (City, town, or county) (State or foreign country)

10. Usual occupation... LAGOR

11. Industry or business...

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... DORIS CONTEGIAN

(b) Address... 4430 DELMAR

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof... 8-19-48 (Month) (Day) (Year)

(c) Place: burial or cremation... Washington Park Cem

18. (a) Signature of funeral director... F. A. GOEEN

(b) Address... 4430 DELMAR, BLVD

19. (c) AUG 17 1948 (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MO (b) County... 600
(c) City or town... ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No... 4430 DELMAR 9
(If rural, give location)
(e) Citizen of foreign country?... (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 13 year 1948 hour 8 minute 30 P.M.

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

Immediate cause of death... Cerebral Hemorrhage

Due to... gsa

Due to...
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... (Specify type of place)

While at work? (Specify type of work) (e) Means of injury...

23. Signature... J. O. Miller

Address... 1500 W. 5th St

Date signed... AUG 17 1948

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING 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 _____

Licensed Embalmer No. _____

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.