No. 300
10-48

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

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31844
Registrar's No. 8064

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2089
d. STREET ADDRESS (If rural, give location): 711 Ponce Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First): Parants
b. (Middle): Ossian
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Sept 22nd, 1950

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec ~~15th~~ 21- ~~1896~~ 1904
9. AGE (In years last birthday): 54-46 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Armenia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Moorad Mooradian
13b. MOTHER'S MAIDEN NAME: Zadoorian
14. NAME OF HUSBAND OR WIFE: George Ossian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: -----
17. INFORMANT'S SIGNATURE OR NAME: Rose Korkian
ADDRESS: 711 Ponce Ave.,

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bowel Obstruction. — 22 days

DUE TO (c) Carcinoma of Omentum — 11 months

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/7/50
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Omentum causing bowel adhesions
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 138X

22. *I hereby certify that I attended the deceased from* 9-6, 1950, *to* 9-22-, 1950, *that I last saw the deceased alive on* 9-22-, 1950, *and that death occurred at* 2:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leonard Rothschild M.D.
23b. ADDRESS: 220-N-4th St. Louis-2-Mo
23c. DATE SIGNED: 9.23.50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9/25/50
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: SEP 27 1950
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE: Diedrich F. Home
ADDRESS: 8319 Hallsferry

(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 Me

.....

working under my personal supervision.

Student Embalmer No.....

Signed Elton H. Renelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 31844-50

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 8064

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Parants Ossian died ~~born~~ 9-22-1950, 19....., in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 8 should read Dec. 21-1904
Instead of Dec. 15 1896
Item No. 9 should read Age 46
Instead of Age 54
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Rose Korkian Inf.
Relationship.

711 Ponce
Present Address.

Subscribed and sworn to before me this 13 day of Oct., 1950

My Commission expires 3-4-53 [signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
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