

THE DIVISION OF HEALTH OF THE STATE OF ILLINOIS
STANDARD CERTIFICATE OF DEATH

23017
5918

State File No.

Registrar's No.

FILED JUL 2 - 1953
BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | c. LENGTH OF STAY (In this place) <u>2 wks.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granite City,</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>916 Niedringhaus Ave.</u> | |

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|--|-------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Dick</u> b. (Middle) <u>---</u> c. (Last) <u>Malmoolian</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-11-53</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>4-3-1893</u> | | 9. AGE (In years last birthday) <u>60 yrs</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coremaker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Steel</u> | 11. BIRTHPLACE (State or foreign country) <u>Armenia</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Dono Malmoolian</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ahlamost Bogosian</u> | | 14. NAME OF HUSBAND OR WIFE <u>Sophia</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) | 16. SOCIAL SECURITY NO. <u>497-03-6055</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Sophia Malmoolian</u> ADDRESS <u>916 Niedringhaus Ave Granite City, Ill.</u> | | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 year?</u> |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | | | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>592x</u> | | | |
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22. I hereby certify that I attended the deceased from 5-20 1953, to 6-11, 1953, that I last saw the deceased alive on 5-10, 1953, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>M. Norman Ogel M.D.</u> | | 23b. ADDRESS <u>508 North Grand</u> | | 23c. DATE SIGNED <u>6/14/53</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>6-11-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Edwardsville, Illinois</u> | | |
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| DATE REC'D BY LOCAL REG. <u>JUN 15 1953</u> | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leonard Davis Granite City, Ill</u> | | | |
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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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Leonard K. Davis

Signed
Student Embalmer

Licensed Embalmer No. 8375

P. O. Address Granite City, Ill.

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.