No. 300
10.48

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

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17234

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4375

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MISSOURI
c. LENGTH OF STAY (in this place): 16 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 7800 North Broadway 2089

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): BOGAS
c. (Last): MELKONIAN

4. DATE OF DEATH (Month) (Day) (Year): MAY 14, 1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: About Not Known
9. AGE (In years last birthday): 61 — 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): Furnace Blaster
10b. KIND OF BUSINESS OR INDUSTRY: St. L Malleable Casting
11. BIRTHPLACE (City and State or Foreign Country): Armenia
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Bogas Melkonian
13b. MOTHER'S MAIDEN NAME: Alice Agnoian
14. NAME OF HUSBAND OR WIFE: —
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.: 492-10-1737
17. INFORMANT'S SIGNATURE OR NAME: Setrak K. Karibian — ADDRESS: 2532 Douglas St. Louis Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident, rt. — INTERVAL BETWEEN ONSET AND DEATH: 16 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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? 331X

22. *I hereby certify that I attended the deceased from* 4-29-54, 19___, *to* 5-14-54, 19___, *that I last saw the deceased alive on* 5-14-54, 19___, *and that death occurred at* 9:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert F. Owen, M.D. (Degree or title)
23b. ADDRESS: 1515 Lafayette Avenue
23c. DATE SIGNED: 5-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 5/15/54
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): E. ST. LOUIS ILL

DATE REC'D BY LOCAL REG.: MAY 15 1954
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.
25. FUNERAL DIRECTOR'S SIGNATURE: John J. Kassly — ADDRESS: E St Louis Ill
(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Not Embalmed

Student.....
Signature of Student Embalmer

Signed Joseph J. Kassly

Licensed Embalmer No. 754

P. O. Address E. St. Louis

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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