

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

XC-14 292 973  
SL-1494  
FILED MAR 31 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2508**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **MISSOURI** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give town or township) c. LENGTH OF STAY (in this place)  
**915 N. Grand St. Louis, Mo.** **50 days**  
c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSP.**  
STREET ADDRESS (If rural, give location) **8 715 E. Thrush**

3. NAME OF DECEASED (Type or Print) a. (First) **Bogos** b. (Middle) **(none)** c. (Last) **BOZOIAN**  
4. DATE OF DEATH (Month) (Day) (Year) **3-18-55**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**  
8. DATE OF BIRTH **7-5-1891** 9. AGE (in years last birthday) **63** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) **Laborer**  
10b. KIND OF BUSINESS OR INDUSTRY **Unknown**  
11. BIRTHPLACE (City and State or Foreign Country) **Armenia (Turkey)**  
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Tom Bozoian** 13b. MOTHER'S MAIDEN NAME **Mary Paroian** 14. NAME OF HUSBAND OR WIFE **Peroz Bozoian**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **WWI**  
16. SOCIAL SECURITY NO. **494-01-7881**  
17. INFORMANT'S SIGNATURE OR NAME **VA HOSP. RECORDS - ST. LOUIS, MO.** ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Meningioma, left temporal lobe**  
INTERVAL BETWEEN ONSET AND DEATH **Unknown**  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **193x**

22. I hereby certify that I attended the deceased from **1-27-55**, 19\_\_\_\_, to **3-18-55**, 19\_\_\_\_, that ~~his death occurred~~ death occurred at **3:10a.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Robert M. Heysel** 23b. ADDRESS **M.D., 915 N. Grand St. Louis, Mo.** 23c. DATE SIGNED **3-18-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **3/21/55** 24c. NAME OF CEMETERY OR CREMATORY **Bellefontaine Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **MAR 19 1955** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **DIEDRICH FUNERAL HOME, 8319 Hallsferry**

S.O. (Licensed Embalmer's Statement on Reverse Side)

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

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..

Student.....  
Signature of Student Embalmer

Signed *Elmo R. Padwell*.....

Licensed Embalmer No. *407*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.