

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13721

State File No. ....

FILED MAY 13 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3861**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>		STREET ADDRESS (If rural, give location) <b>3734 GARFIELD 21190</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ARMANAK</b>		b. (Middle)		c. (Last) <b>NAHABTIAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 28, 1955</b>	
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5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>OCT. 15, 1884 70</b>		9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED CANDY MAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>ARMENIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>ENOK NAHABTIAN</b>		13b. MOTHER'S MAIDEN NAME <b>SOPHIE ALYANDAIAN</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>MIKE ALYANDAIAN</b>		ADDRESS <b>3734 GARFIELD</b>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CHRONIC lung DISEASE</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>OBSTRUCTIVE EMPHYSEMA</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 <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>5271</b>	
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22. I hereby certify that I attended the deceased from **4-26-55**, 19\_\_\_, to **4-28-55**, 19\_\_\_, that I last saw the deceased alive on **4-28-55**, 19\_\_\_, and that death occurred at **8:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul W. Larson, M.D.</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>4-28-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 2 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. MATTHEW</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>	
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DATE REC'D BY LOCAL REG. <b>MAY 2 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kites</b>		ADDRESS <b>2906 Grand</b>	
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(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 *Samuel C. Hill* .....

Licensed Embalmer No. *434*

P. O. Address *2906*

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.