No. 300
10.48

XC-18 656 029
Reg. #9805
SL #4551

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23959

BIRTH NO. FILED AUG 2 - 1955 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6181

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 915 N.Grand,St.Louis,Mo.
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Saint Clair 8/20
c. CITY OR TOWN: E. St. Louis
d. Is Residence within limits of a city or incorporated town? Yes XX No ☐ 8
e. STREET ADDRESS (If rural, give location): 832 N. 22nd St.

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

4. DATE OF DEATH (Month) (Day) (Year): July 18, 1955

5. SEX: Male C
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/13/95
9. AGE (In years last birthday): 60 — 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): Watchman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Arek-Erzruim, Armenia 8
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Archi Harbotun Karibian
13b. MOTHER'S MAIDEN NAME: Mary Ann Agoian
14. NAME OF HUSBAND/OR WIFE: Rose Karibian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.: 332-12-0339
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA Hosp. Records, St. Louis, Mo.

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) CHRONIC RENAL DISEASE — INTERVAL BETWEEN ONSET AND DEATH: Undetermined

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.
Pulmonary Edema
Healed Pulmonary Tuberculosis
Old Infarct, Brain

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 594XA
20. AUTOPSY? YES XX 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?

VA

22. *I hereby certify that I attended the deceased from* 7/16, 1955, *to* 7/18, 1955, *and that death occurred at* 2:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Jean L. Bolduc (Degree or title) M.D. O
23b. ADDRESS: VA Hosp., St.Louis, Mo.
23c. DATE SIGNED: 7/18/55

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 7-20-55
24c. NAME OF CEMETERY OR CREMATORY: Mt.Hope Cemetery
24d. LOCATION (City, town, or county) (State): Belleville,Illinois

DATE REC'D BY LOCAL REG.: JUL 18 1955
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: John J. Kaudy 1101 N. Ninth
M.J.B. (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 emb

by me, or by Not Embalmed, Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed John J. Kassly

Licensed Embalmer No. F 8

P. O. Address E. St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.