

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14651

3723

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 3yr 9mo. 23dys		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital		e. STREET ADDRESS (If rural, give location) 13 5800 Arsenal St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Kolozat	b. (Middle)	c. (Last) Iwazian	4. DATE OF DEATH (Month) (Day) (Year) April 15, 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH UNKNOWN	9. AGE (In years last birthday) ABOUT 83	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISHWASHER	10b. KIND OF BUSINESS OR INDUSTRY AMERICAN HOTEL	11. BIRTHPLACE (City and State or Foreign Country) Turkey	12. CITIZEN OF WHAT COUNTRY? TURKEY
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13a. FATHER'S NAME ?? UNKNOWN	13b. MOTHER'S MAIDEN NAME Alice ??	14. NAME OF HUSBAND OR WIFE UNKNOWN
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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) No	16. SOCIAL SECURITY NO. NOT KNOWN	17. INFORMANT'S SIGNATURE OR NAME Record Room	ADDRESS 5800 Arsenal St.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Hypertensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH Years
	ANTECEDENT CAUSES DUE TO (b) Primary Tuberculosis arrested		
	DUE TO (c) Generalized arteriosclerosis		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>

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?
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22. I hereby certify that I attended the deceased from **June 23, 1952**, to **April 15, 1956**, that I last saw the deceased alive on **April 15, 1956**, and that death occurred at **6:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Henry G. Baker M.D. (Degree or title)	23b. ADDRESS 5800 Arsenal St.	23c. DATE SIGNED 4-15-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) 4-15-56	24b. DATE 4-18-56	24c. NAME OF CEMETERY OR CREMATORY SUNSET HILL	24d. LOCATION (City, town, or county) (State) GRANITE CITY ILL.
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DATE REC'D BY LOCAL REG. APR 16 1956	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Henry G. Baker	ADDRESS GRANITE CITY ILL.
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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 NOT EMBALMED, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Nancy J. Bieper
Licensed Embalmer No.....

P. O. Address

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