

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030727

STATE FILE NUMBER

FILED SEP 8 1958

Registration District No.

318

Registration District No.

1003

Registrar's No.

8372

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Granite City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Park Lane Hospital</b>		Length of stay in lb <b>5 days</b>	d. STREET ADDRESS (If outside, give location) <b>931 Niedringhaus</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Hagop Manoogian</b>			4. DATE OF DEATH Month Day Year <b>8 - 28 - 58</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 17, 1896</b>
9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months Day <b>8 11</b>	IF UNDER 24 HRS. Hours Min. <b>8 11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dry cleaner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cleaning</b>	11. BIRTHPLACE (City and state or country) <b>Armenia, Europe</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>???</b>	
13b. MOTHER'S MAIDEN NAME <b>???</b>		14. NAME OF HUSBAND OR WIFE <b>Opal Manoogian</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>329-12-2640</b>	17. INFORMANT <b>Wife</b> Address <b>931 Niedringhaus Ave., Granite City,</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b> DUE TO (b) <b>Bronchial Pneumonia</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <b>491X</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>8-23-58</b> to <b>8-28-58</b> and last saw her alive on <b>8-28-58</b> Death occurred at <b>10:10 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Frank J. Smith</b> (Deputy Registrar)		22b. ADDRESS <b>4930 Lindell Blvd. St. Louis 8</b>	22c. DATE SIGNED <b>8-29-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8-29-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Edwardsville, Illinois</b>
24. FUNERAL DIRECTOR <b>Leonard R. Davis</b> ADDRESS <b>2060 Cleveland Granite City, Ill</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 29 58</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Occur, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Leonard R. Davis* .....

Licensed Embalmer No. 4959 .....

P. O. Address 2060 Cleveland B  
Granite City, IL

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.

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