

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-027548

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2004

AMENDED FILED JUL 25 1961

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WEBSTER GROVES, MO.</b>		Length of stay in 1b <b>81 days</b>	c. CITY OR TOWN <b>Richmond Heights</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Glenwood Home &amp; Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1708 McCready</b>
3. NAME OF DECEASED (Type or print) First <b>ABRAHAM</b> Middle Last <b>ASLANIAN</b>		4. DATE OF DEATH Month <b>JULY</b> Day <b>15</b> Year <b>61</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-28-10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Disabled Self-Employed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dry Cleaning</b>	9. AGE (last birthday) <b>51</b>
11. BIRTHPLACE (City and state or country) <b>Armenia</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Vahan Aslanian</b>		13b. MOTHER'S MAIDEN NAME <b>Armeneuhe Karopetian</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
17. INFORMANT Address <b>Mr. George Aslanian, 1708 McCready</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>HYPOSTATIC PNEUMONIA</b>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ACUTE BRAIN SYNDROME</b>			
DUE TO (c) <b>ACUTE BRAIN TUMOR</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Duodenal ulcer psychosis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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>April 25, 61, 10:40</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		He last saw him alive on <b>July 15, 61</b>	
22a. SIGNATURE (Degree or title) <b>Thompson T. Reynolds</b>		22b. ADDRESS <b>1300 Grant Rd.</b>	22c. DATE SIGNED <b>7-16</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>7-19-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>7-17-61</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy</b>

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**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 Walter H. Bernby

Licensed Embalmer No. 4203

P. O. Address A. Koenig

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.