E15990

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8989

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2472

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1323 Carr St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 31 Years years.

3. (a) PRINT FULL NAME Stephan Raschcoff

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 68 | Months | Days | If less than one day hr. min.

9. Birthplace Bulgaria (City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business

FATHER
12. Name Ras Ciano
13. Birthplace Bulgaria (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ann Morrison
(b) Address City Hospital #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Granite City Ill

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) MAR 14 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11, year 1940 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from February 17, 1940, to March 11, 1940 that I last saw him alive on March 11, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	
Myocarditis chronic	
Due to Probable primary site	
Colon	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Harold Friedman M.D. (M. D. or other)
Address 1515 Lafayette, Date signed 3/12/40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 2
50M-5-17-39
Rev. 5-17-39
1 X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Frank J. Dorn

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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 this body is not embalmed, above space should be left blank.