

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14315  
State File No. 2272  
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

3

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2179	
c. LENGTH OF STAY (in this place) 19 YEARS		d. STREET ADDRESS (If rural, give location) 4115 SHENANDOAH 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Permanent desk at City Hosp			

3. NAME OF DECEASED a. (First) ATHANAS (Type or Print)			b. (Middle)		c. (Last) KARADJOFF		4. DATE OF DEATH MARCH 9 1951 (Month) (Day) (Year)				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH Dec. 25 1885		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK				10b. KIND OF BUSINESS OR INDUSTRY RESTURANT		11. BIRTHPLACE (State or foreign country) GREECE 6			12. CITIZEN OF WHAT COUNTRY? GREECE		

13a. FATHER'S NAME VASIL KARADJOFF		13b. MOTHER'S MAIDEN NAME KARSTA PASHOFF		14. NAME OF HUSBAND OR WIFE MARIA KARADJOFF	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-03-3627		17. INFORMANT'S SIGNATURE OR NAME J. Chmura ADDRESS 4425 Shaw St. Louis Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr skull with hemorrhage suffered when deceased jumped from second floor window by bedroom at his house at 4115 a Shenandoah DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: our Mar 9 1951 at about 3:57 pm Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Suicide while suffering from temporary mental aberration				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT OR SUICIDE HOMEIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 9 51 357 P				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E978X	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 3:57 p.m., from the causes and on the date stated above.

22a. SIGNATURE Patrick L Taylor (Degree or title) Coroner		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 3 10 51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 12, 1951		24c. NAME OF CEMETERY OR CREMATORY ST Johns		24d. LOCATION (City, town, or county) (State) GRANITE CITY ILLINOIS	
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DATE REC'D BY LOCAL REG. MAR 11 1951		REGISTRAR'S SIGNATURE J. B. Jasater		25. FUNERAL DIRECTOR'S SIGNATURE John T. Sedlack ADDRESS Madison Ill	
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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 .....  
Student Embalmer

Signed *John J. Sedwick*.....

Licensed Embalmer No. *3747*.....

P. O. Address *Madison, Ill.*.....

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, fact should be so stated above.