

FILED APR 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12189

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3333**

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 Illinois b. COUNTY Cook	
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 Chicago 8730	
c. LENGTH OF STAY (in this place) 15 days		d. STREET ADDRESS (If rural, give location) 3502 Congress 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2016 Adelaide			
3. NAME OF DECEASED (Type or Print) a. (First) NICK		b. (Middle) RACHEFF	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) March 29 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 10, 1897
9. AGE (In years last birthday) 55		10. UNDER 1 YEAR Months Days	
11. UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) Bulgaria 8	
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Eva Racheff			
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. 282-03-3665	
17. INFORMANT'S SIGNATURE, OR NAME Eva Racheff		ADDRESS Chicago, Ill.	
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) Suffocation from hanging ANECEDENT CAUSES when found hanging by the neck with iron cord attached to steel pipe, in closet in his room, on March 29 1953 Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) same II. OTHER SIGNIFICANT CONDITIONS about 130 am Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION suicide while suffering from temporary mental aberration	
20. AUTOBIO? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, on public, etc.) home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 29 53 12:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 1E974X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at 130A m., from the causes and on the date stated above.			
23. SIGNATURE Reg. Madson		23b. ADDRESS 3300 Clark	
23c. DATE SIGNED 3/30/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/29/53	
24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Edwardsville Ill.	
DATE REC'D BY LOCAL REG. MAR 30 1953		25. FUNERAL DIRECTOR'S SIGNATURE John J. Sedlack	
REGISTRAR'S SIGNATURE Carl Smith		ADDRESS Madison, Ill.	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed

John T Sedlack

Signed.....
Student Embalmer

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.