

Every year 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.

APR 30 1930
Schleich

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11510

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. _____)

Registration District No. 896
Primary Registration District No. 6200

File No. _____
Registered No. 13
St. _____ Ward)

2. FULL NAME

Mary Magdalene Rader

(a) Residence. No. _____ St., _____ Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female W Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Noah Rader

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Unknown

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

74

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Housewife

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Ernst Rader

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

W. Kraus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14. INFORMANT

(Address)

J. G. Rader
11 North 1st St. St. Louis

15. FILED

4/11/30

J. G. Rader
Registrar

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1930, to Mar 29, 1930 that I last saw h. _____ alive on Mar 29, and that death occurred, on the date stated above, at 5 _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Solar Emission fever
1930

duration) yrs. mos. ds.
1 0 0

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) V. F. Schleich, M. D.

329. 1930 (Address) Manqua Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

13 Graham Block St. St. Louis Mar 30 1930

20. UNDERTAKER

ADDRESS

A. G. Mahan Marshall Mo.

