

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

Do not use this space.

REC'D DEC 8 1938

40267

1. PLACE OF DEATH

County St. Louis

Registration District No. 784

Township Clayton

Primary Registration District No. 101

City Clayton

(No. St. Louis County Hospital)

File No. _____

Registered No. 1814

St. _____ Ward _____

2. FULL NAME

(a) Residence No. 636 Henry Schrader
(Usual place of abode) Creve Coeur Mill & Olive St. Rd. Ward Creve Coeur Mo.
(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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 ? ? ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Creve Coeur

13. NAME August Schrader

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Howard Schrader
(ADDRESS) 3200 Ashby

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Nov 9 1938

19. UNDERTAKER Artmann Funeral Home
(ADDRESS) 4222 S. Garland, Overland, Mo.

20. FILED NOV 8 - 1938 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/6/38

22. I HEREBY CERTIFY, That I attended deceased from 11/3, 1938, to 11/6, 1938

I last saw him alive on 11/6, 1938. Death is said to have occurred on the date stated above, at 235 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Symp. with terminal decompensation.

Date of onset 11/3/38

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) D. R. Roberts, M. D.

(Address) County Hospital, Clayton

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

P.C.

