S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35885

FILED DEC 11 1942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10019

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FIRMIN DESLOGE HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State MO. (b) County ST. LOUIS
(c) City or town BRENTWOOD
(If outside city or town limits, write "RURAL")
(d) Street No. 9224 MERRIT AV.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Schrader, Woodrow

3. (b) If veteran, name war

3. (c) Social Security No. 497-07-3579

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 20 (Day) 1914 (Year)

8. AGE: Years 28 Months 1 Days 10 If less than one day hr. min.

9. Birthplace SHRESBURY (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation LINOLEUM LAYER

11. Industry or business

MOTHER FATHER

12. Name ALBERT SCHRADER

13. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

14. Maiden name CLEMENTINE JAEGER

15. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant ALBERT SCHRADER (BRO.)
(b) Address KIRKWOOD, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 3. 1942 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director M. J. Cragha
(b) Address 7146 MANCHESTER

19. (a) DEC 1 1942 (Date received local registrar) (b) J. A. Bruecek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30 year 42 hour 5 minute 05 A.M.

21. I hereby certify that I attended the deceased from 11/2, 1942, to 11/30, 1942 that I last saw him alive on 11/29, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Embryonal Ca testicle	1 yr.?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Embryonal Ca of testicle
Of autopsy Embryonal Ca of testicle massive, multiple metastases

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 W. F. Melick (M. D.)
Address Desloge Hosp. Date signed 11/30/42

(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.....

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

working under my personal supervision.

Signed Gy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.