

FILED AUG 23 1943 18

Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Bros 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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4148a Delor St (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ollie Schadran

3. (b) If veteran, name war No 3. (c) Social Security No. 493 09 0957

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie Schadran 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased MAY 2 1908 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 3 14 hr. min.

9. Birthplace St. Louis County (City, town, or county) (State or foreign country)

10. Usual occupation Coal Driver

11. Industry or business City Ice Fuel

MOTHER, FATHER

12. Name John Schadran

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown (City, town, or county) (State or foreign country)

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Marie Schadran

(b) Address 4148a Delor St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 19 43 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und C

(b) Address 4228 So. Kingshighway Blvd

19. (a) AUG 18 1943 (Date received local registrar) (b) J.F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1943 hour 8.45 AM minute _____ M.

21. I hereby certify that I attended the deceased from aug 12 1943, to aug 16 1943 that I last saw him alive on aug 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death
ruptured peptic ulcer of stomach resulting in autodynamic ileus
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration
4 da

Major findings:
Of operations Rupt Gastric ulcer
Of autopsy adynamic ileus

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? _____

While at work? _____ (Specify type of place) (b) Means of injury C

23. Signature Duffwalters (M. D. or other)
Address 3608 Grand Date signed 8/17/43

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 *Edmund M. Perumatt*.....

Licensed Embalmer No. *3024*.....

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.