

FILED JUL 8 1945

1003

Registration District No.

Primary Registration District No.

Registrar's No. 5476

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1920 S. 11th Street.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Bobby Schrader

MEDICAL CERTIFICATION

3. (b) If veteran, name war. No 3. (c) Social Security No. no
4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased July 22, 1939
(Month) (Day) (Year)

20. DATE OF DEATH: Month June day 22nd
year 1945 hour 11:00 minute P M.
21. I hereby certify that I attended the deceased from 6/22/45
to 6/22/45
that I last saw him alive on 6/22/45
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
5 11 0 hr. min.

Immediate cause of death
Staphylococcal Septicemia Duration 1 day
Due to Acute Osteomyelitis of Femur 1-2 days
Other conditions (Include pregnancy within 3 months of death) 15H
Due to

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

Major findings: Infarcts of the lungs
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation School Boy

11. Industry or business

12. Name Tancil Schrader
13. Birthplace Paris Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Lathel Taylor
15. Birthplace Murray Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Lathel Redmon
(b) Address 1920 S. 11th Street

17. (a) Removal RR. (b) Date thereof June 23/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hazel Kentucky

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) JUN 23 1945 (b) J. F. Prudeck
(Date received local registrar) (Registrar's signature)

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) Means of injury
23. Signature C. E. Walters M.D.
Address 1515 LAFAYETTE Date signed 6/23/45

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

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.....
Dany A. Stewart

Licensed Embalmer No.....3722.....

P. O. Address.....412 Duchouquette St.....

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.