. No. 2
1—2-43
5-17-39
I X35697

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

2171

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4130

State File No. 4130

FILED JAN 17 1946

Registration District No. 37 Primary Registration District No. 6076 Registrar's No. 39

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt. St. Rose Sanitarium O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community 58 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis O
(If outside city or town limits, write "RURAL")
(d) Street No. 5630 Rosa
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME BERNHARDT SCHADE
3. (b) If veteran, name war —
3. (c) Social Security No. 491-09-6661
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma, nee Grose
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased October (Month) 8 (Day) 1887 (Year)

8. AGE: Years 58 Months 2 Days 25 If less than one day — hr. — min.

9. Birthplace Altenburg (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Electrician
11. Industry or business Blackerysson Electric Co.
FATHER
12. Name Herman Schade
13. Birthplace Perry County (City, town, or county) Mo. O (State or foreign country)
MOTHER
14. Maiden name Maria Winter
15. Birthplace Perry County (City, town, or county) Mo. O (State or foreign country)
16. (a) Informant Mrs. Emma Schade
(b) Address 5630 Rosa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Our Redeemer Lutheran Cemetery
18. (a) Signature of funeral director Beiderwieden Funeral Home, Inc.
(b) Address 1936 St. Louis Ave.
19. (a) 1-7-46 (Date received local registrar) (b) C. W. Darnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2 year 1946 hour 11 minute 00 P.M.
21. I hereby certify that I attended the deceased from 9-27, 1945, to 1-2, 1946, that I last saw him alive on 1-2, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pulmonary Hemorrhage	2 min
Due to: For Adm. Pul. Tuberculosis	1½ yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations —	
Of autopsy Same	

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 John C. Murphy (M. D. or other) M.D.
Address 9141 S. Broadway Date signed 1/3/46

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1946

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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co[illegible] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.