

S. No. 2
M-5-43
v. 5-17-39
p. 1 X336671

33959

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 161

Primary Registration District No. 6594

Registrar's No. 38

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL-MERAMEC
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County MO

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2118 MULLANPHY
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME HARRY SCHRADER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Anna STRIKE

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

7. Birth date of deceased January 15 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 27 hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 12
year 1946 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept. 24, 1946, to 10-8-1946, that I last saw him alive on 10-8-1946, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration

Due to Adenocarcinoma of Stomach

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace LAFAYETTE INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

MOTHER FATHER

12. Name HENRY SCHRADER

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

14. Maiden name IDA WATTEN

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

16. (a) Informant Buster Roch, O.S.S.

(b) Address ST. JOSEPH'S HILL INFIRM

17. (a) BURIAL (b) Date thereof OCT 15TH/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Brockland and Co

(b) Address 1827 HOGAN ST

19. (a) Oct. 14 1946 (b) Mrs. J. H. Auerkell
(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)

(2) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury U

23. Signature J. Thander MD (M. D. or other) M.D.

Address 3155 No WANDVENTER Date signed 10-12-46

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

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed ~~10-23-46~~

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 Guy Wilkinson
Licensed Embalmer No. 3575
P. O. Address St Louis

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.