S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 24 1948
Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3068

State File No. 7282
Registrar's No. 386

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7378 Flora Ave. (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:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood (If outside city or town limits, write "RURAL")
(d) Street No. 7378 Flora Ave. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Floyd Louis Schade
3. (b) If veteran, name war
3. (c) Social Security No. 493-10-5469
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased January (Month) 6 (Day) 1893 (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	1	2	hr. min.

9. Birthplace Perryville. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Beverage Co. Owner
11. Industry or business —
FATHER
12. Name Henry Schade
13. Birthplace Longtown. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Gertrude Jettie
15. Birthplace Perryville. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Marie Schade
(b) Address 7378 Flora Ave.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-11-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Chapel of Memories
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.
19. (a) 2-10-48 (Date received local registrar) (b) Carl J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 year 1948 hour 5 minute 30 A M.
21. I hereby certify that I attended the deceased from 7-17-, 1947, to 2-8, 1948
that I last saw him alive on 2-8, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to — 93d	
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.

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 Vincent F Townsend (M. D. or other)
Address 3101 a Sutton ave Maplewood Mo Date signed 2-9-48

(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.....H E Burgess.....

Licensed Embalmer No.....4029.....

P. O. Address.....Maplewood.....

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.