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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1948

318 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

34675
9204
State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Carol Anita Schrader
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 11, 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 13 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Albert F. Schrader
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Anita Steidemann
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Albert F. Schrader, Jr.
(b) Address 7255 Country Club Dr.

17. (a) Burial (b) Date thereof Oct. 25 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.

19. (a) OCT 25 1948 (b) J. B. Lassar
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 7255 Country Club Dr.
(If rural, give location)
H.R.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 24th
year 1948 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from 10-22-1948 to 10-24-1948
that I last saw her alive on 10-24-1948
and that death occurred on the date and hour stated above.

Immediate cause of death atelectasis of entire left lung and RUL, RLL, cause unknown.
Duration _____

Due to _____
Due to 161a
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? _____

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

23. Signature W. H. Klingberg (M. D. or other) MD
Address 200 S. ... Date signed _____

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.....

John A. Mlinar

Licensed Embalmer No. *4186*

P. O. Address *St Louis Mo*

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.