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FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25231

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6965

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dr Louis Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hosp=2

2. USUAL RESIDENCE (Where deceased lived. - If institution: residence before admission):
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dr. Louis Mo.
d. STREET ADDRESS (If rural, give location) 3030 Pine 2219

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) c. (Last) Schader

4. DATE OF DEATH (Month) July (Day) 29 (Year) 1951

5. SEX Male **6. COLOR OR RACE** Negro **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) MARRIED 1 **8. DATE OF BIRTH** Unknown abt **9. AGE** (In years last birthday) 63 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER **10b. KIND OF BUSINESS OR INDUSTRY** None **11. BIRTHPLACE** (State or foreign country) Little Rock Ark **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Unknown **13b. MOTHER'S MAIDEN NAME** Unknown **14. NAME OF HUSBAND OR WIFE** Sybil Schader

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** No **17. INFORMANT'S SIGNATURE OR NAME** Sarah Schader **ADDRESS** 3030 Pine St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute exsanguination (massive g.i. bleeding)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) contrib:- Bleeding duodenal
DUE TO (c) ulcer

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (Massive gastrointestinal hemorrhage)

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?** 5410

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 1000A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Alfred Meyer Deputy Coroner 3 **23b. ADDRESS** 1300 Clark **23c. DATE SIGNED** 8/4/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 11 **24b. DATE** Aug. 4, 51 **24c. NAME OF CEMETERY OR CREMATORY** OAKDALE CEMETERY **24d. LOCATION** (City, town, or county) LEMAY (State) MO

DATE REC'D BY LOCAL REG. AUG 4 1951 **REGISTRAR'S SIGNATURE** J B Lasater **25. FUNERAL DIRECTOR'S SIGNATURE** Moose Wasser **ADDRESS** 2812 CASS AVE

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Students of Mortuary College working under my personal supervision.

Student Embalmer No.....

Signed James A Lammers

Signed.....
Student Embalmer

Licensed Embalmer No. 4142

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.