

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15256

FILED MAY - 8 1957

State File No. ....

BIRTH NO. 26849-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4100

1. PLACE OF DEATH  
a. COUNTY  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
- a. STATE Missouri. b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) Life c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital \* STREET ADDRESS (If rural, give location) 1010 4442 Anderson Avenue 15

3. NAME OF DECEASED a. (First) Dorothy b. (Middle) Marie c. (Last) Schrader 4. DATE OF DEATH (Month) (Day) (Year) April 28 1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH March 8, 1957 9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months 1 Days 20 IF UNDER 11 HRS. Hours  Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Glennon L. Schrader 13b. MOTHER'S MAIDEN NAME Dorothy A. Birchler 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mr. Glennon L. Schrader, 4442 Anderson Av. 15 ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Congenital Heart Disease INTERVAL BETWEEN ONSET AND DEATH 1 mo 20 dy  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES DUE TO (b)  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 754.4

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) (Min.) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1957, to 28 April, 1957, that I last saw the deceased alive on 28 April, 1957, and that death occurred at 11:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert J. Bunde M.D. 23b. ADDRESS St Louis 9 Mo 16 Hampton Village Plaza 23c. DATE SIGNED 30 April 57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April 30, 1957 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

DATE REC'D BY LOCAL REG. APR 30 '57 REGISTRAR'S SIGNATURE Calvin F. Feutz 25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ ADDRESS 4828 Nat'l. Bridge Blvd. 15

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ralph L. Zander*.....

Licensed Embalmer No. *4275*.....

P. O. Address *St. James*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.