

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020992
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District 1003 Registrar's No. 5172

FILED MAY 31 1962

VS 300
Rev. 4/59

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1290-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb life

c. CITY OR TOWN St. Louis Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

d. STREET ADDRESS (If outside, give location) 4056 Humphrey St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last MINNIE (Wilhelmina) L. SHRADER

4. DATE OF DEATH Month Day Year May 21, 1962

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 4/1/1873 9. AGE (last birthday) 89 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) packer & Housewife 10b. KIND OF BUSINESS OR INDUSTRY clothing company 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Gustave Steinke 13b. MOTHER'S MAIDEN NAME Wilhelmina Herold 14. NAME OF HUSBAND OR WIFE Andrew Shrader

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. W.F. Stockmann, 5458a Rosa Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Infarct INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease 10 yrs

DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. -p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-4-62 to 5-21-62 and last saw her/him alive on 5-18-62
Death occurred at 8:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harry Abusch M.D. 22b. ADDRESS 5633 S. Kingshighway 22c. DATE SIGNED 5/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 5/23/62 23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave. 25. DATE RECD. BY LOCAL REG. MAY 22 1962 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. ✓

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

Dr. Harry Reich,
5633 So. Kingshighway
1-3 ex. Thursday
PL 2-2456

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 _____

Walter W. Jantz

Licensed Embalmer No. 3882

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.