

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

24908

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. St. Louis Children's Hospital)

File No.....
Registered No. 7082
St..... Ward.....

2. FULL NAME

Edmond Schrader, Jr.

(a) Residence, No. 5206 1/2 Compton St., 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18-1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 4 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1 day
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis Mo (STATE OR COUNTRY) 1

FATHER 13. NAME Edmond Schrader

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Reever

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY)

17. INFORMANT F. Gilbert (ADDRESS) 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathew's Cem. DATE Aug 1 1932

19. UNDERTAKER (ADDRESS) J. H. Kubben & Co. 284 1/2 Lafayette St.

20. FILED Mar 30 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-11 1932 to 7-29 1932

I last saw him alive on 7-29 1932 Death is said to have occurred on the date stated above, at 10:15 p.m.

The principal cause of death and related causes of importance were as follows:

Pericarditis Rheumatic Acute
560
560
Other contributory causes of importance:

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify (Signed) U. C. Taylor M. D.
(Address) 500 S. Kingshighway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

