

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.

FEB 27 1934

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

Do not use this space.

3457

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 4224 N. Broadway)

File No.....
 Registered No. **1155**
 St..... Ward.....

2. FULL NAME

Henry Schrader
 (a) Residence, No. 4224 N. Broadway St., 9 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 23 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 13, 1853</u>				
7. AGE	YEARS <u>80</u>	MONTHS <u>1</u>	DAYS <u>17</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) <u>July 1920</u>	11. Total time (years) spent in this occupation <u>60 yrs.</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Mo.</u>				
FATHER	13. NAME <u>Fritz Schrader</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>			
MOTHER	15. MAIDEN NAME <u>Not known</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>			
17. INFORMANT <u>Mrs. Lulu Henry</u> (ADDRESS) <u>4224 N. Broadway</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Friedens</u> DATE <u>Feb. 1 1934</u>				
19. UNDERTAKER <u>Quedmen & Sons</u> (ADDRESS) <u>39340 N. 20 St.</u>				
20. FILED <u>JAN 31 1934</u> <u>J. J. Brebeck</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1933 to Jan 29th 1934

I last saw him alive on Jan 29th, 1934 Death is said to have occurred on the date stated above, at 8:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Heart
92 yr
97
Metabolic degeneration
 Date of onset Not known

Other contributory causes of importance: Not known

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 no
 (Signed) Wm T Steger, M. D.
 (Address) 819 Augusta

