

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 8 1935

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

Do not use this space.

14189

1. PLACE OF DEATH
 County St Louis Registration District No. 788
 Township Central Primary Registration District No. 4471
 City Webster No. Home 607 Newport St. _____ Ward) _____
 2. FULL NAME Theodore Rader
 (a) Residence, No. 607 Newport St. _____ Ward. Webster mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 1911
 7. AGE YEARS 23 MONTHS 7 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. musician
 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) 1/23 11. Total time (years) spent in this occupation 3 1/2

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

13. NAME Benjamin L. Rader

14. BIRTHPLACE (CITY OR TOWN) Russia (STATE OR COUNTRY)

15. MAIDEN NAME Bessie Schneider

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

17. INFORMANT Benjamin Rader (ADDRESS) 607 Newport - Webster

18. BURIAL, CREMATION, OR REMOVAL PLACE Central Blvd Smith DATE 4-28 1935

19. UNDERTAKER Oxenhander Funeral Dir (ADDRESS) 4469 Washington Blvd

20. FILED 4-28-1935 Julius R. York Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 20 1935, to Apr 27 1935. I last saw him alive on Apr 26 1935. Death is said to have occurred on the date stated above, at 4:25 P.M.. The principal cause of death and related causes of importance were as follows:

Bilateral Pulmonary Tuberculosis

Other contributory causes of importance: 15

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) Roy Colquhoun, M. D.
 (Address) 161 22d Base

