

REC'D JUL 12 1938

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

20723

Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 3400 S. Grand Blvd. St. 16
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 58622. PRINT FULL NAME Mary Schrader

(a) Residence, No. Little Sisters of the poor St. 16
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Late T.G. Schrader

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 7 22

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans La.

FATHER

13. NAME Jacob Vandeven14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

MOTHER

15. MAIDEN NAME Christine Huli16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France17. INFORMANT Joseph W. Schrader
(ADDRESS) 4333 DeSoto Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE 6-30, 193819. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuary
(ADDRESS) 4228 So. Kingshighway20. FILED JUN 29 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28, 193822. HEREBY CERTIFY, That I attended deceased from June 25 to June 28, 1938I last saw her alive on June 31, 1938. Death is said to have occurred on the date stated above, at 3 A.M.

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

Cerebral Hemorrhage Date of onset 6/27

Other contributory causes of importance:

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) J. F. Bredeck M. D.(Address) 1000 Clark St.

WHITE PAPER 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.

I X 14025

*Dr. Dudley University Club.
Je 15341*

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

Registered Apprentice No., working under my personal supervision.

Signed *Celina M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address

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 this body is not embalmed, above space should be left blank.