

REC'D MAR 13 1939

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

4853.
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 5306 West Ave. Registered No. 1546
(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.

2. PRINT FULL NAME Theresa Schmaderer

(a) Residence, No. 5306 West Ave. St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1939, to Feb 15, 1939

I last saw her alive on Feb 15, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
70 3 14

Date of onset

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

Carcinoma of Pancreas 1938

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Other contributory causes of importance:

FATHER 13. NAME Whitmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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.

17. INFORMANT (ADDRESS) Frank Schmaderer
5306 West Ave.

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb. 18, 193924. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle
2331 S. Broadway(Signed) Robert J. Langman, M. D.20. FILED FEB 17 1939 J. W. Budick
Local Registrar.(Address) 4602 Grandview

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,

Robert Wheeler

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Robert Wheeler

Licensed Embalmer No.

2128

P. O. Address

Shawmut

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.