. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7897

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 505

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Ozark Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Mo. (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Manchester
(If outside city or town limits write "RURAL")

(d) Street No. Ozark Nursing Home
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Carl Louis Schrader

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 1

5. Color or race white

6. (a) Single, widowed, married, divorced divorced 3

6. (b) Name of husband or wife Alto Schrader

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased Nov. (Month) 23 (Day) 1866 (Year)

8. AGE: Years 75 Months 3 Days ~~6~~ 10 If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) Penn. (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Construction

FATHER
12. Name Louis Schrader
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Louise Beir Penn.
15. Birthplace (City, town, or county) Pennsylvania. (State or foreign country)

16. (a) Informant Ralph Schande
(b) Address S. Clark Ave. Ferguson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/42 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L. M. White
(b) Address 118 N. Florissant Rd.

19. (a) MAR - 3 1942 (Date received local registrar) (b) C. G. McGarvan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1942 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from December, 1941, to March 3rd, 1942
that I last saw him alive on March 2nd, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to arteriosclerosis

Due to

Other conditions Uremic poisoning
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: uncertain

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Clara M. Gebert (M. D. or other) MD
Address Valley Park Mo Date signed 3/3/42

757 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.