

FILED JAN 4 1944 318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence-5545 Pershing Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5545 Pershing Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LEWIS WARREN RADER

3. (b) If veteran, none name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced or married

6. (b) Name of husband or wife Elvira V. Rader 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 6 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>9</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation retired-school teacher

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name George Rader  
13. Birthplace unknown Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Lydia Kingery  
15. Birthplace unknown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elvira V. Rader

(b) Address 5545 Pershing Avenue, St. Louis

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-28-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (e) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Bly'd. St. Louis

19. (a) DEC 27 1943 (Date received local Registrar) J. F. Bruders (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25  
year 1943 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from 2-6, 1942, to 12-23, 1943  
that I last saw him alive on 12-23, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration NRS

Due to Arteriosclerotic Heart Disease 10 yrs.  
Polyarteritis Vera  
Due to Tuberculosis, Myelogenous 1-2 yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Bruders (M. D. or other) had  
Address 3720 Washington Date signed 12/26/43

Dr. Karl F. Koenig  
3720 Washington Blv'd.,  
JE-3477

1-3 P.M.

**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 Bradford A. Miles  
Licensed Embalmer No. 2901  
P. O. Address Urivant City, Va.

**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, fact should be so stated above.**