

**FILED MAY 13 1944**  
Registration District No. **394**

Primary Registration District No. **50-61 6051**

Registrar's No. **74**

**1. PLACE OF DEATH:**  
(a) County **St. Charles**  
(b) City or town **Rural - St. Charles Township**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Emmaus Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **34 Years**  
In this community **34 yrs.**  
years, months or days (Specify whether)

**3. (a) PRINT FULL NAME** **Katharine Rader**  
**3. (b) If veteran, name war** **None**  
**3. (c) Social Security No.** **None**

**4. Sex** **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Single**  
**6. (b) Name of husband or wife** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** **April 12, 1860**  
(Month) (Day) (Year)

**8. AGE:** Years **83** Months **11** Days **21** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
**9. Birthplace** **Ryan Township, Wisconsin**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Retired**  
**11. Industry or business** \_\_\_\_\_  
**12. Name** **Valentine Rader**  
**13. Birthplace** **Not Known** (State or foreign country)  
**14. Maiden name** **Not Known**  
**15. Birthplace** **Not Known** (State or foreign country)

**16. (a) Informant** **Record of Common Name**  
**(b) Address** **St. Charles, Mo.**  
**17. (a)** **Removal** **(b) Date thereof** **April 1, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **North Grove**  
**18. (a) Signature of funeral director** **Wachmann, Dan.**  
**(b) Address** **St. Charles, Mo.**  
**19. (a)** **April 4, 1944** **(b)** **Ernst E. Paul**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **St. Charles**  
(c) City or town **Rural** (If outside city or town limits, write "RURAL")  
(d) Street No. **R.R. 1 - St. Charles** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **April** day **3** year **1944** hour **6** minute **30** A.M.  
**21. I hereby certify that I attended the deceased from** **April 1st, 1943** to **April 3rd, 1944**  
that I last saw him alive on **March 30th, 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**  
Due to **Gen Arterio sclerosis**

Other conditions **Hemorrhage due to stomach ulcer**  
(Include pregnancy within 3 months of death)

**Major findings:**  
Of operations **no**  
Of autopsy **no**

**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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** **G. P. Erich Schulz** (M. D. or other)  
Address **St. Charles, Mo.** Date signed **4/6/44**

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

MOTHER, FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 5-12-44

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. 344

P. O. Address St Charles Mo.

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.