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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 6 1947

Registration District No. 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40137

Registrar's No. 10722

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2030 SIDNEY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 060

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2030 SIDNEY 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

23

3. (a) PRINT FULL NAME MICHAEL J. SCHADER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband~~ or wife BERTHA

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

7. Birth date of deceased MARCH (Month) 12 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
70	8	8	hr. min.

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

10. Usual occupation BEER BOTTLER

11. Industry or business BUSCH BREWERY

MOTHER FATHER

12. Name PHILIP SCHADER

13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

14. Maiden name MARY LOPSINGER

15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

16. (a) Informant Bertha Schader

(b) Address 2030 Sidney St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Nov. 22 1947 (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION CEM.

18. (a) Signature of funeral director Thomas Kuhlman Son

(b) Address 2986 GRAVOIS

19. (a) NOV 21 1947 (Date received local registrar) (b) J. G. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 20 year 1947 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Sept 24, 1947, to 10/19, 1947; that I last saw him alive on Nov 11, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Esophagus	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Gastrostomy	
Of autopsy	

PHYSICIAN

Underline the cause of 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 0

23. Signature W. E. Laughton (M. D. or other) M.D.

Address 3720 Washington Blvd St Louis 8 Mo Date signed 11/21/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Leighton
3720 Washington
7-3

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 Hamm C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Gravois

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.