

No. 300  
10.48

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003

State File No. 14138  
3829 Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. ✓		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4437 Tennessee	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Adolph F. Schrader				April 28, 1949

5. SEX Male ( )	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 29, 1897	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Month Day	IF UNDER 24 HRS. Hours Min.
				11	29	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. 5 yrs.	10b. KIND OF BUSINESS OR INDUSTRY Engineer	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. ✓	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Andrew Schrader	13b. MOTHER'S MAIDEN NAME Wilhelmina Lohse	14. NAME OF HUSBAND OR WIFE Louise Schrader
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Louise Schrader	ADDRESS 4437 Tennessee
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <i>Cerebellar Apoplexy</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo. 62</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>3rd floor</i>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *2:10 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>John R. Clayton</i> (Degree or title)	23b. ADDRESS <i>1500 Clark</i>	23c. DATE SIGNED <i>4-30-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-2-49	24c. NAME OF CEMETERY OR CREMATORY Parklawn Cem.	24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.
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DATE REC'D BY LOCAL REG. APR 29 1949	REGISTRAR'S SIGNATURE <i>J. B. Laster</i>	25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home, 6322 S. Grand Blvd.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed David Van Fossan

Signed.....  
Student Embalmer

Licensed Embalmer No. 4242

P. O. Address 6322 So Main

**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.