

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

FILED JUL 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20652**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **126**

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1629 North Third Street</b>		d. STREET ADDRESS (If rural, give location) <b>1629 North Third Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) **Aloise** b. (Middle) ----- c. (Last) **Schrader** 4. DATE OF DEATH (Month) (Day) (Year) **July 1 1949**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **January 31-1859** 9. AGE (In years last birthday) **90** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Carpenter** 11. BIRTHPLACE (State or foreign country) **Alsace Lorraine** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Carpenter** 10b. KIND OF BUSINESS OR INDUSTRY **retired Carpenter** 11. BIRTHPLACE (State or foreign country) **Alsace Lorraine** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **unknown** 13b. MOTHER'S MAIDEN NAME **Catherine** 14. NAME OF HUSBAND OR WIFE **Emma (Canell) Schrader-decd**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **NIL** 17. INFORMANT'S SIGNATURE OR NAME **Nelson L. Schrader (son)** ADDRESS **St. Charles, Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **Uremia** MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH **7 days**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Uremia**

ANTECEDENT CAUSES DUE TO (b) **Chronic Nephritis** **10 years**

DUE TO (c) **Second Arterio Sclerosis** **20 years**

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **excessive Heat wave**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **2/14**, 19**48**, to **6/29**, 19**49**, that I last saw the deceased alive on **6/29**, 19**49**, and that death occurred at **4:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Director or title) **C. A. Barnard M.D.** 23b. ADDRESS **818 N. 2nd St. St. Charles, Mo.** 23c. DATE SIGNED **7/1/49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **July 4-1949** 24c. NAME OF CEMETERY OR CREMATORY **St. Charles Borromeo** 24d. LOCATION (City, town, or county) (State) **St. Charles, Missouri**

DATE REC'D BY LOCAL REG. **7-7-49** REGISTRAR'S SIGNATURE **Francis Hamilton** 25. FUNERAL DIRECTOR'S SIGNATURE **H. C. Dalmeyer & Sons** ADDRESS **800 N. 2nd St. Charles, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

District File Number \_\_\_\_\_  
District Health Officer No. 97  
RECEIVED JUL 9 1919

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 \_\_\_\_\_  
Student Embalmer

Signed Joseph I Landolt

Licensed Embalmer No. 4189

P. O. Address St. Charles 97

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.