

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 13 1949

 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6890**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 000	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 40 years		d. STREET ADDRESS (If rural, give location) 26 3606 N. 9 Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3606 N. 9 Street		e. STREET ADDRESS (If rural, give location) 26 3606 N. 9 Street	
3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Schrader c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 28, 1872
9. AGE (In years last birthday) 77		F UNDER 1 YEAR Months	F UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Mitchell, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Herman Klein	
13b. MOTHER'S MAIDEN NAME Florence Selbach		14. NAME OF HUSBAND OR WIFE William Schrader	
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. None	17. INFORMANT'S SIGNATURE OR NAME WM. Schrader
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Chronic Nephritis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1871	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? 592-X		22. I hereby certify that I attended the deceased from July 22, 1949 to Aug 6, 1949 , that I last saw the deceased alive on Aug 6, 1949 , and that death occurred at 10:10 m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Walter H. Wanner D.C.		23b. ADDRESS 1406 Ferris St.	
23c. DATE SIGNED Aug 8, 1949		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Aug. 9, 1949		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis MO		25. FUNERAL DIRECTOR'S SIGNATURE Suedmeyer & Son's	
25. ADDRESS 3934 N. 20 Street		DATE REC'D BY LOCAL REG. AUG 8 1949	
REGISTRAR'S SIGNATURE J.B. Lasater		25. ADDRESS 3934 N. 20 Street	

(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 Merrill B. Proketter

Signed.....
Student Embalmer

Licensed Embalmer No. 3696

P. O. Address 3001 N. 20th St.

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.