

S. No. 300
10. 48

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35641

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 2632

4001

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY of St. Louis. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson 4111 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R.R. 10, Box 271 | | d. STREET ADDRESS (If rural, give location) R.R. 10, Box 271 | |

| | | | |
|-------------------------------------|----------------|---------------------------------------|--|
| 3. NAME OF DECEASED (Type of Print) | | 4. DATE OF DEATH (Month) (Day) (Year) | |
| a. (First) Willaim | b. (Middle) M. | c. (Last) Schrader | |
| 5. SEX Male | | 6. COLOR OR RACE White | |

| | | | | | | | | | | | | | |
|--|--|------------------|--|---------------------------------|--|------------|--|----------|--|-----------|--|----------|--|
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | 8. DATE OF BIRTH | | 9. AGE (In years last birthday) | | 10. MONTHS | | 11. DAYS | | 12. HOURS | | 13. MIN. | |
| Widowed | | Jan 26th, 1865 | | 85 | | 9 | | 3 | | | | | |

| | | | | | | | |
|--|--|---|--|--|--|-------------------------------------|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Watchman | | 10b. KIND OF BUSINESS OR INDUSTRY Paving Industry | | 11. BIRTHPLACE (State or foreign country) Antonio, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
|--|--|---|--|--|--|-------------------------------------|--|

| | | | | | |
|---------------------------------|--|---|--|--|--|
| 13a. FATHER'S NAME Wm. Schrader | | 13b. MOTHER'S MAIDEN NAME Katherine Klein | | 14. NAME OF HUSBAND OR WIFE Widow, Florence 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 Fred H. Schardern Ferguson, Mo. | | ADDRESS | |
|---|--|------------------------------|--|---|--|---------|--|

| | | | | | | | |
|--|--|--|--|--|--|--------------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | 18. INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis | | | | 6-1-49 | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Disease | | | | 6-1-49 | |
| | | DUE TO (c) | | | | 7-2-21 | |
| | | 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 checked="" type="checkbox"/> | |
|------------------------|--|----------------------------------|--|--|--|

| | | | | | |
|--|--|--|--|---|--|
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
|---|--|--|--|----------------------------|--|

22. I hereby certify that I attended the deceased from June 1, 1950, to Oct 29, 1950, that I last saw the deceased alive on Oct 15, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

| | | | | | |
|--|--|---------------------------------|--|---------------------------|--|
| 23a. SIGNATURE (Name) (Degree or title) Kenneth A. Bynum, M.D. | | 23b. ADDRESS 9802 N. Grand Blvd | | 23c. DATE SIGNED 10-30-50 | |
|--|--|---------------------------------|--|---------------------------|--|

| | | | | | | | |
|--|--|-------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 11-1-50 | | 24c. NAME OF CEMETERY OR CREMATORY Friedens | | 24d. LOCATION (City, town, or county) (State) 8900 N. Broadway St. Louis, Mo. | |
|--|--|-------------------|--|---|--|---|--|

| | | | | | |
|-----------------------------------|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 10-31-50 | | REGISTRAR'S SIGNATURE J. R. Donker, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3934 N. 20th St. Suedmeyer, Sons Inc St. Louis, Mo. | |
|-----------------------------------|--|--|--|--|--|

38064 N. Grand

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed Neville D. Proketter

Signed.....
Student Embalmer

Licensed Embalmer No. 3696

P. O. Address 3934 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.