

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14195**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **877**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kirkwood)		c. CITY (If outside corporate limits write RURAL and give township) Kirkwood 1230	
c. LENGTH OF STAY (In this place) 4 hrs.		d. STREET ADDRESS (If rural, give location) 2384 Marshall Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Dolores b. (Middle) Marie c. (Last) Schrader			4. DATE OF DEATH (Month) (Day) (Year) April 14, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 6, 1936
9. AGE (In years last birthday) 19		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Sullivan, Mo.
10b. KIND OF BUSINESS OR INDUSTRY Home		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Geo. Voss		13b. MOTHER'S MAIDEN NAME Edith Fortner	14. NAME OF HUSBAND OR WIFE Robert Schrader
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 499-36-9652	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Schrader-2384 Marshall Rd.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Irreversible shock ANTECEDENT CAUSES DUE TO (b) Abruption placenta <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) Pregnancy II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
INTERVAL BETWEEN ONSET AND DEATH 6 hrs.		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
INTERVAL BETWEEN ONSET AND DEATH 7 mos.			
19a. DATE OF OPERATION 4-14-55	19b. MAJOR FINDINGS OF OPERATION Abruption placenta		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 Sept. 1954 , to April 14, 1955 , that I last saw the deceased alive on April 13, 1955 , and that death occurred at 9:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Louis C. Hyatt M.D.		23b. ADDRESS 134 W. Adams	23c. DATE SIGNED 4-15-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/16/55	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood Mo.
DATE REC'D BY LOCAL REG. 4/15/55	REGISTRAR'S SIGNATURE Heather K. Blomberg	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfitzinger, Kirkwood 22, Mo.	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

William H. Fitzinger

Signed.....
Student Embalmer

Licensed Embalmer No. *4316*

P. O. Address *Kulm 22, Ill*

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.