STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 75390

1 PLACE OF DEATH
County Ross
Township
or Village
or City of Chillicothe
Registration District No. 1192
Primary Registration District No. 8433 Registered No. 344
No. .... St., ... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 86 yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? ......yrs. ......mos. ......ds.
Did Deceased Serve in U. S. Navy or Army

2 FULL NAME Conrad Schrader
(a) Residence. No. 406 Eastern Av. St., 2nd Ward. (If nonresident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR or RACE: W
5. SINGLE, MARRIED, Widowed or Divorced (Write the word): Widowed
If Married, Widowed, or Divorced Husband of (or) Wife of
DATE OF BIRTH (month, day, and year) Sept 14th 1853
AGE (years) 86 Months 3 Days 15 If LESS than 1 day ......hrs. or ......min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gardner
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) Chillicothe (State or country) Ohio
13. NAME (of father) Lorenz Schrader
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME (of mother) Mary Greisheimer
16. BIRTHPLACE (city or town) (State or country) Germany
The Signature of INFORMANT and (Address): Miss Agnes G. Schrader, Chillicothe, Ohio
BURIAL, CREMATION, OR REMOVAL
Place Grand View Date Jan 1st 1940
FUNERAL FIRM M. J. Goethe Lic. No. 228
BURIED BY " " "
Address Chillicothe Ohio Lic. No. 4617A
EMBALMER R. A. Moore
FILED 1-3 1940 E. R. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 30th, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jany 1 1939 to Dec 30 1939
I last saw h.. alive on Dec 30 1939, death is said to have occurred on the date stated above at 2 a. m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Cerebral Embolism — Date of onset Dec 27/39
CONTRIBUTORY CAUSES of importance not related to principal cause: Calcareous degeneration of arteries — Chr. Interstitial Nephritis — Chr. Myocarditis — 8 or more years
Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ———, 19......
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
Date 12/30 1939 Address Chillicothe, O

Quellenangabe:

https://www.familysearch.org/ark:/61903/3:1:33SQ-G57W-S2BX?view=index