Y. PHYSICIANS should state CUPATION is very important.	OCT 26 1937 1. PLACE OF DEATH (a) County St. Louis (b) Township Jefferson (c) Township Jefferson (d) Registration District Primary Registration	on District No. 6248-H. Registered No. 202 5. Marys Hospital St. ccurred in Hospital or Institution, write its name instead of street and number) 6. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
rrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state nay be properly classified. Exact statement of OCCUPATION is very important.	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Female White Widowed SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oliver J. Snider 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. ZO 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 16th 19 3' 22. 1 HEREBY CERTIFY, That I attended deceased from 19 7, to 19 1, 19 1. I last saw hall, alive on 19 1, 19 1, 19 1, Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: Date of enset Other Chtributory crises a importance: Other Chtributory crises a importance: Other Chtributory crises a importance:
N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly of	13. NAME David Stevens 14. BIRTHPLACE (CITY OR TOWN) Missouri	Name of operation Date of Was there an autopsy? 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or honoicide? 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 Nature of injury 10 any way related to occupation of deceased If so, specify (Signed) M. D. (Address) M. D. (Address) M. D.

STATEMENT BY LICENSED EMBALMER

Licensed Embalmer No.....

I,	Licensed Embalmer No		
hereby certify that the body recorded on the reverse side of this certificate was embalmed by			
L, E	· · · · · · · · · · · · · · · · · · ·		
	•		
Noor by	, Registered Apprentice No		
working under my personal supervision.			
•	Signed		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)