

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

35927
Do not use this space.

1. PLACE OF DEATH **NOV 15 1937**

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **4454 Labadie** St. **MO**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **9504**

2. PRINT FULL NAME **Francis E. Snyder.**

(a) Residence, No. **4454 Labadie Ave.** St. **MO**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Evelyn Snyder.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 28, 1913.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 2 12

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Hotel Clerk**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Congress Hotel.**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **St. Louis,** (STATE OR COUNTRY) **Missouri.**

FATHER
 13. NAME **Frank Snyder.**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis,** (STATE OR COUNTRY) **Missouri.**

MOTHER
 15. MAIDEN NAME **Katherine McSheely.**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis,** (STATE OR COUNTRY) **Missouri.**

17. INFORMANT **Mrs. Evelyn Snyder** (ADDRESS) **4454 Labadie Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **October 12, 1937**

19. FUNERAL DIRECTOR **Geo. L. Plutich Inc.** (ADDRESS) **59 1/2 Chestnut Ave.**

20. FILED **OCT 12 1937** **J. W. Bredebeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 10, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 9 =**, 19**37**, to **Oct 9 =**, 19**37**
 I last saw him alive on **Oct 9 =**, 19**37**. Death is said to have occurred on the date stated above, at **2:45 a.m.**
 The principal cause of death and related causes of importance were as follows:

Pneumonia of Lungs
MO
 Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? **X-Ray** Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 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) **L. F. Brecker**, M. D.
 (Address) **2901 W. Newstead**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

977 283

Dr. L. F. Strasser

2901 N. Newstead

11²⁶ to 1.30

STATEMENT BY LICENSED EMBALMER

I, Homer L. Pender, Licensed Embalmer No. 3367

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Homer L. Pender

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Homer L. Pender

Licensed Embalmer No. 3367

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.)