

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

**42853**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Buchanan Registration District No. 85  
 (b) Township 2 Primary Registration District No. 1001 Registered No. 1334  
 (c) City St. Joseph (d) Street No. 2619 Lovers Lane St.  
 (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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 2619 Lovers Lane St.   
 (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry H. Snyder  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1853  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 86 7 23  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. own home  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 28 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 36 to 520 1939  
 I last saw her alive on Dec 28 1939. Death is said to have occurred on the date stated above, at 12:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia (Bronchiae)  
Myocardial Disease  
Senility

Date of onset  
Dec 26

Other contributory causes of importance:

Name of operation Amputation Date of ho  
 What test confirmed diagnosis Amputation Was there an autopsy? ho

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? ho  
 If so, specify \_\_\_\_\_  
 (Signed) J. H. Altman, M. D.  
85 (Address) Central Building, St. Joseph

12. BIRTHPLACE (CITY OR TOWN) Henry County  
 (STATE OR COUNTRY) Indiana  
 FATHER 13. NAME Moses Breneman  
 14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown  
 MOTHER 15. MAIDEN NAME Catherine Miller  
 16. BIRTHPLACE (CITY OR TOWN) York County  
 (STATE OR COUNTRY) Pennsylvania  
 17. INFORMANT George A. Snyder  
 (ADDRESS) 2619 Lovers Lane, St. Joseph  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Carthage, Missouri DATE December 29, 1939  
 19. FUNERAL DIRECTOR (NAME) Stalter Meierhoffer  
 (ADDRESS) 1302 Faron Street, St. Joseph  
 20. FILED 12/29/39 19 39  
 Local Registrar

N. B.—Every item of information should be carefully supplied. ACE 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.

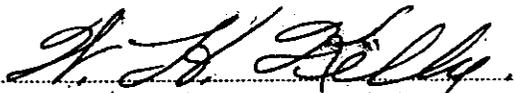
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri.

**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, above space should be left blank.**