

STANDARD CERTIFICATE OF DEATH
1003

State File No. 5208
Registrar's No. 2038

Registration District No. 791

Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Days
In this community 50 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5079 Page Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27,
year 1940 hour 11:50 minute _____ P. M.
21. I hereby certify that I attended the deceased from February
5, 1940 to February 27, 1940
that I last saw him alive on February 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis
of the liver
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME John Snyder

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Aug. 22, 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Shipman, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter
Retired

11. Industry or business _____

12. Name Phillip Snyder

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Crissup

15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Snyder
(b) Address 5079 Page Ave

17. (a) Burial (b) Date thereof 3/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem

18. (a) Signature of funeral director W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) Feb 28 1940 (b) _____
(Date of registration) (Registrar's Signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature E. R. Roub (M. D. or other) _____
Address 1515 Lafayette Date signed 2/28/40

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 *L. A. Casper*

Licensed Embalmer No. *5633*

P. O. Address *2317 Lafayette*

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.