

**FILED APR 8 1942 791**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(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:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 4 Days (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Martha Abegail Snyder

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife SOL 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased FEB. 2 - 1875  
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation HOUSE WORK

11. Industry or business HOME

MOTHER FATHER  
12. Name UNKNOWN  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) 9  
14. Maiden name UNKNOWN  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) 9

16. (a) Informant Sal Snyder  
(b) Address 1420 Menard

17. (a) BURIAL (b) Date thereof 3-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Hallen & Kelly  
(b) Address 1416 N. Taylor Ave.

19. (a) MAR 12 1942 (b) J. F. Bredbeck  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS 23  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 1420 MENARD STR.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9,  
year 1942 hour 7:50 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March  
6, 19 42 to March 9, 19 42  
that I last saw her alive on March 9, 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arterio-sclerosis -  
gangrene of left leg

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy same

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature Joseph E. Don Koenig (D. or other) 0  
Address 1515 Lafayette Ave. Date of death 3/9/42

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

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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

*No Embalmer*

Registered Apprentice No.

working under my personal supervision.

Signed

*Clement McNeary*

Licensed Embalmer No. *3732*

P. O. Address

*St. Louis*

**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, fact should be so stated above.**