

FILED MAY 13 1942

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 days
 In this community 26 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas Snell
 3. (b) If veteran, name war.....
 3. (c) Social Security N488-05-3035

4. Sex male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Hattie Snell
 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased Sept. 11 1888
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 7 15 hr. min.

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

10. Usual occupation Fireman

11. Industry or business.....

MOTHER FATHER { 12. Name Ralph Snell
 { 13. Birthplace Natchez Mississippi
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown
 { 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Hattie Snell
 (b) Address 716 N. Beaumont

17. (a) Burial (b) Date thereof 8-2-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Undt. Co.
 (b) Address 2732 Pine St.

19. (a) MAY 3 1942 (b) J. J. Brudick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis, 2117
 (If outside city or town limits, write "RURAL")
 (d) Street No. 716 No. Beaumont
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26,
 year 1942 hour 12 minute 05 P.M.
 21. I hereby certify that I attended the deceased from April 10,
1942, to April 26, 1942;
 that I last saw him alive on April 26, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Glomerular Nephritis with Hypertension Duration Abt. 6 mos.

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....

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 J. W. Johnson (M. D. or other) D
 Address 2601 Whittier Date signed 4/27/42

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

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

Joel Russell

Licensed Embalmer No. *41126*

P. O. Address.....

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.