

V. S. No. 2
OM-9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **4621**

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town. **St. Louis.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3504a University St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community **40 Years.**..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **008**
(a) State. **Missouri.** (b) County..... **17**
(c) City or town. **St. Louis.** (If outside city or town limits, write "RURAL") **9/0**
(d) Street No. **3504a University St.** (If rural, give location)
(e) Citizen of foreign country?..... **0** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mary Snodgrass.**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **499-12-7216**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased **December 31 1894**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	4	25hr.min.

9. Birthplace **Bismark, Missouri.** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **File Clerk.**

11. Industry or business **Emerson Elect.**

12. Name **Green Snodgrass.**

13. Birthplace **Virginia.** **1**
(City, town, or county) (State or foreign country)

14. Maiden name **Kate Deyherle.**

15. Birthplace **Illinois.** **1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Kate Snodgrass.**

(b) Address **3504a University St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 28th. 42**
(Month) (Day) (Year)

(c) Place: burial or cremation **Zion's Cemetery**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **MAY 27 1942** (Date received local registrar) (b) **J. F. Bredesch** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26th**
year **1942** hour **One** minute **00 A.M.**

21. I hereby certify that I attended the deceased from **Sept 19 - 1926** to **May 26 - 1942**
that I last saw h. **er** alive on **May 25th**, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Athero-sclerotic - Intracranial 1 day
Due to **Hypertension - Essential** 16 yrs
Due to.....

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

Major findings: **gyn**
Of operations.....
Of autopsy.....

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..... **0**
23. Signature **John R. Vaughan, M.D.**
Address **1634 N. Grand** Date signed **5-26-42**

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Handwritten notes:
 1st
 2nd
 3rd
 4th
 5th
 6th
 7th
 8th
 9th
 10th
 11th
 12th

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 Walter L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave.

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.