S. No. 2
—9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23139

Registrar's No. 6494

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

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Isolation Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days. (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County 11

(c) City or town East St. Louis NR
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME AMELIA SNELL

3. (b) If veteran, name war No

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 Peter Snell

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February (Month) 8 (Day) 1878 (Year)

8. AGE: Years 64 Months 5 Days 22 If less than one day hr. min.

9. Birthplace East St. Louis, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name THOMAS KALLAHER
13. Birthplace ENGLAND 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ROSE HEFFRICH
15. Birthplace EAST ST. LOUIS Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant EDITH V. MINOR

(b) Address 5600 Arsenal Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/42 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Hacker-Helderle and Co.

(b) Address 3634 Gravois Ave.

19. (a) AUG 1 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1942 hour 2 minute 10P. M.

21. I hereby certify that I attended the deceased from July 26, 1942 to July 30, 1942
that I last saw her alive on July 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Duration

Due to Malignant nephrosclerosis
(Hypertensive cardio-vascular-renal syndrome)

Due to

Other conditions Facial erysipelas; infected
(Include pregnancy within 3 months of death)
laceration of scalp; syphilis

Major findings:
Of operations

Of autopsy Enlarged heart; chronic nephritis

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?
(Specify type of place)

While at work? (e) Means of injury

Signature R. W. Maxwell (M. D. or other)

Address Isolation Hospital Date signed 9-31-42

844

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Hyland

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

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.