

FILED MAY 7 1943 18

State File No. ....

Registration District No. ....

Primary Registration District No. **1003**

Registrar's No. **4011**

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:  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **9 Days**  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME **Charles C. Snyder**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife..... **Ella** 6. (c) Age of husband or wife if alive..... **59** years

7. Birth date of deceased..... **Jan. 28 1882**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**61 3 -** hr. min.

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

10. Usual occupation..... **Stationary Fireman**

11. Industry or business..... **Board of Education**

12. Name..... **David Snyder**

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

14. Maiden name..... **Alma Sears**

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

16. (a) Informant..... **Ella Snyder**

(b) Address..... **4637 Pennsylvania**

17. (a) **Burial** (b) Date of removal..... **5-1-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New St. Marcus**

18. (a) Signature of funeral director..... **J. Schumacher**

(b) Address..... **3013 Meramec St.**

19. (a) **APR 29 1943** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **4637 Pennsylvania**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **28**,  
year **1943** hour **9:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 20**, 19**43**, to **April 28**, 19**43**  
that I last saw him alive on **April 28**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Pyelonephritis cystitis - catarrhal**  
Due to..... **uric acid**  
Due to..... **hard lesion**  
Other conditions..... **degenerative**  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy..... **suppurative Pyelonephritis**

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..... **Wade** (4/29/43)  
Address..... **1515 Lafayette Ave.** Date signed.....

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

MOTHER FATHER

22

**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.....

*Clarence Rochow*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Clarence Rochow*.....

Licensed Embalmer No. *3093*.....

P. O. Address. *3013 Mercedes*.....

**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.**