. S. No. 2
00M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30408

FILED SEP 28 1943

Registration District No. 8

Primary Registration District No. 1003

Registrar's No. 8274

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jersey 999

(c) City or town Jerseyville 11 0
(If outside city or town limits, write "RURAL")

(d) Street No. East Pearl Street., NR
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Ida Snedeker

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 Widowed

6. (b) Name of husband or wife Issac D. Snedeker

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

7. Birth date of deceased November (Month) 6 (Day) 1877 (Year)

8. AGE: Years 65 Months 10 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name William F. Figgen
13. Birthplace Unavailable (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Mary Bertman
15. Birthplace Jerseyville (City, town, or county) Illinois. (State or foreign country) 1

16. (a) Informant Fred F Eck
(b) Address Jerseyville, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/17/43 (Month) (Day) (Year)
(c) Place: burial or cremation Jerseyville, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,

19. (a) SEP 17 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1943 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 5, 1941, to Sept 17, 1943;
that I last saw her alive on Sept 16, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Bladder - Urinary	3 years
Due to 52	
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? —
(Specify type of place)
While at work? — (e) Means of injury

23. Signature C E Buxford (M. D. or other)
Address 958 Arcade Bldg Date signed 9/17/43

(Licensed Embalmer's Statement on Reverse Side) DR Buxford. Arcade.

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.....J. Allen Davis Jr.....

Licensed Embalmer No.....4958.....

P. O. Address.....City.....

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.