

FILED FEB 1 1944
Registration District No. 1818

Primary Registration District No. 1003

Registrar's No. 772

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Charles Snider3. (b) If veteran, name war None 3. (c) Social Security No. Unk.4. Sex Male 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 About 1854
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
About 90 hr. min.9. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired Railroad Man

11. Industry or business _____

12. Name William Snider
13. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)14. Maiden name Malinda Houx
15. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Ralph Snider
(b) Address Booneville, Mo.17. (a) Burial (b) Date thereof 1-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Booneville, Mo.18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Blvd.19. (a) JAN 25 1944 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Y.M.C.A. 20th & Eugenia
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 25
year 1944 hour 2 minute 35 A M.21. I hereby certify that I attended the deceased from 1-14 1944, to 1-25 1944;
that I last saw him alive on 1-25 1944,
and that death occurred on the date and hour stated above.Immediate cause of death Bronchopneumonia
Arteriosclerosis
Due to SenilityDue to _____
Other conditions 107
(Include pregnancy within 3 months of death)Major findings: Of operations _____
Of autopsy _____

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 _____
3. Signature Harold Steele (M. D. or other) _____
Address 1755 S. Grand Date signed 1-25-44
St. Louis, Mo

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.....

John Agonowski
3398

Licensed Embalmer No.....

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.