

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

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
228 Rose Hill Ave.  
(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)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County St. Louis  
 (c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 228 Rose Hill Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Celia A. Snyder  
 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 Late Andrew Snyder  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 4th 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>10</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Paducah Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Own Home

MOTHER FATHER  
 12. Name Jacob Englert  
 13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Barbara Miller  
 15. Birthplace Unknown U.S. Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clarice O'Toole  
 (b) Address 4459 Russell Blvd.

17. (a) Burial (b) Date thereof 4-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries  
 (b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 5 - 1944 (b) E. D. McLawrence  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd  
 year 1944 hour 11:00 minute A.M.

21. I hereby certify that I attended the deceased from Mar 24, 1944, to April 2, 1944  
 that I last saw ~~her~~ her alive on April 2, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
by perforation  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Acute La grippe  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 930

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 typical place) (e) Means of injury

23. Signature J. S. S. S. S. (M. D. or other) \_\_\_\_\_  
 Address 228 So. Kingshighway Date signed 4-5-44

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

Mr. J. J. Sheets  
2500 So. Virginia Ave

**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 Elmer A. McHerratt

Licensed Embalmer No 3024

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.**