

FILED MAY 20 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3070

Registrar's No. 1117

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

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
612 SELMA AVE. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 32 YRS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL")  
(d) Street No. 612 SELMA AVE.  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MINNETTE BERTH SNIDER

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE / race WHITE 5. Color or WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife WILLIAM T. SNIDER 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased AUGUST 19 1877  
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 24 If less than one day — hr. — min.

9. Birthplace ATCHESON KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name A. W. PRETZEL

13. Birthplace UNKNOWN GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name CAROLINE FISS

15. Birthplace UNKNOWN GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant M. J. Snider

(b) Address 612 SELMA AVE.

17. (a) BURIAL (b) Date thereof MAY 15 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM.

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES, MO.

19. (a) MAY 17 1944 (b) E. H. McHarran, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 13  
year 1944 hour 7:01 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Self-inflicted gunshot wound of heart. Duration \_\_\_\_\_

Due to Bullet wound of the heart.

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Yes. 164c  
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) Suicide.

(b) Date of occurrence May 13, 1944

(c) Where did injury occur? 612 Selma, Webster Groves  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Own home  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature H. S. Preyogle Deputy D. Registrar

Address Kirkwood, Mo. 6-15-44 Date signed \_\_\_\_\_

856: 61 NDC  
JUN 19 1956

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.....

.....*Leslie Kolch*....., Registered Apprentice No. *362*  
working under my personal supervision.

Signed.....*L. C. Aldrich*.....

Licensed Embalmer No. *1332*

P. O. Address.....*Schuster Groves Md*.....

**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.**