

FILED NOV 22 1944

318

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
223 West Steins
(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 Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 223 West Steins St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CHARLES EDWARD SNOW

3. (b) If veteran, name war No 3. (c) Social Security No. 489-14-2584

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

6. (b) Name of husband or wife A nnie Snow 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 23 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 21 If less than one day
hr. min.

9. Birthplace Rome, New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Railway Trainman

12. Name Benjamin A. Snow

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Frances Downing
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Benjamin Snow
 (b) Address 223 West Steins St., St. Louis, Mo.

17. (a) Burial (b) Date thereof Nov. 16, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
 (b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) NOV 14 1944 (b) J. F. Medsick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
 year 1944 hour 6:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov -
8, 1944, to Nov 13, 1944
 that I last saw him alive on Nov. 13, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
arteriosclerosis

Due to _____

Due to 97

Other conditions (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

23. Signature C. Hoffmeister (M. D. or other) _____
 Address C. F. 27 Wagon Date signed 11-14-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Harry J. Schumacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address. *732 Lemay pky st.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Signature to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.