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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39811
State File No. _____
Registrar's No. 10806

Registration District No. 318 Primary Registration District No. 1003

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

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: Missouri Baptist Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. One week
(Specify whether _____)
In this community _____
years, months or days _____

3. (a) PRINT FULL NAME Jack Hall Snell.
3. (b) If veteran, name war. World War No. 1 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Thelma Cowen Snell. 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased. March 3, 1897.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 9 15 hr. min.

9. Birthplace Jefferson City, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business _____
12. Name Floyd Snell.
13. Birthplace Dont know. (City, town, or county) (State or foreign country)
14. Maiden name Dont know.
15. Birthplace Dont know. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thelma Cowen Snell.
(b) Address 912 North 7th. Street.

17. (a) Burial (b) Date thereof 12-21-1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery, Jefferson Barracks, Mo.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) DEC 19 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 912a North 7th. Street.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 18th. day
year 1944. hour 7.40 minute A.M. M.
21. I hereby certify that I attended the deceased from Dec 12
1944 to Dec 18 1944
that I last saw him alive on Dec 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated Duration
Left Lung Hernia 1 day

Due to Protrusion of
stomach through abdomen
Due to band with constriction
Left Lung Hernia
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations Strangulated
Left Lung Hernia
Of autopsy normal

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

22. If death was due to external causes, fill in the following:
(c) 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 John H. Hayward (M.D. or other)
Address Missouri State Police Date signed 12/18/44

Dr. John Hayward.
508 N Grand Blvd.
2 to 5 P.M.
Franklin 3508

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

Ben Hoffman Jr

Licensed Embalmer No.

4366

P.O. Address

St Louis, Mo

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.