V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 15604

FILED MAY 26 1945

Registration District No. 818 Primary Registration District No. ..... Registrar's No. 4321

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4127 Blaine.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003
(a) State Missouri (b) County .....
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 4127 Blaine
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME John D. Snasdell
3. (b) If veteran, name war no
3. (c) Social Security No. 490-12-1480
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Martha M.
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased April (Month) 11 (Day) 1885 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 60 | 1 | 2 | hr. ..... min. |

9. Birthplace St. Louis, Mo. (City, town, or county) ..... (State or foreign country)
10. Usual occupation Salesman
11. Industry or business .....
FATHER
12. Name John Snasdell
13. Birthplace Missouri. (City, town, or county) ..... (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)
16. (a) Informant Mrs. John D. Snasdell
(b) Address 4127 Blaine
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa
19. (a) MAY 15 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1945 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 2, 1943, to Oct 15, 1944
that I last saw him alive on Oct 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation with decompensation

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 92

Major findings:
Of operations .....
Of autopsy .....

Duration

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) .....
(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 H A Lehlemeyer (M. D. or other) MD
Address 4362 Warne Ave Date signed 5-15-45

(Licensed Embalmer's Statement on Reverse Side)

**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. Albert E. Koppe

Licensed Embalmer No. 2971

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.**