. S. No. 2
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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19223
Registrar's No. 5287

Registration District No. 318 Primary Registration District No. 1003

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: 4444 Red Bud Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community

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. 4444 Red Bud Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James B. Snow
3. (b) If veteran, name war None
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 Betty A Snow nee Watkins
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased January 10, 1882 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	5	5	hr. min.

9. Birthplace Paris (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Sup ervisor
11. Industry or business Public Service Co.
FATHER 12. Name Thomas Snow
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
MOTHER 14. Maiden name Rachel Poyner
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Mrs. Betty A. Snow
(b) Address 4444 Red Bud Ave
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/16/45 (Month) (Day) (Year)
(c) Place: burial or cremation Murray, Kentucky
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) JUN 15 1945 (Date received local registrar) J. F. Bredeed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1945 hour 12:45 AM minute M.
21. I hereby certify that I attended the deceased from 3-15- 45, to 6-14- 45, that I last saw him alive on 6-14-45, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ca of Pancreas	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operation Ca of Pancreas	
Of autopsy	

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 E. A. Lanche (M. D. or other) M.D.
Address 4885 Natural Bridge Date signed 6/15/45

(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 William G. Buckholz

Licensed Embalmer No. 2110

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.