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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECEIVED SEP 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26157

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 7947

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:
2219 So. 10th /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 060

(c) City or town St. Louis 17 73
(If outside city or town limits, write "RURAL")

(d) Street No. 2219 So. 10th 9 /
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Un-named Infant Snider

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 8 (Day) 1945 (Year)

8. AGE: Years / Months / Days / If less than one day — hr. 40 min.

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

10. Usual occupation Infant

11. Industry or business

MOTHER / FATHER

12. Name Carl J. Snider

13. Birthplace Malden (City, town, or county) Missouri 0 (State or foreign country)

14. Maiden name Elva Lowery

15. Birthplace Henry Co., Tenn. (City, town, or county) / (State or foreign country)

16. (a) Informant Carl J. Snider

(b) Address 2219 So. 10th St., St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/45 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem. St. Louis, Mo.

18. (a) Signature of funeral director A. M. McLaughlin

(b) Address 2301 Lafayette Ave., St. Louis, Mo.

19. (a) SEP 11 1945 (Date received local registrar) (b) J. Bredenk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 8
year 1945 hour 8:05 minute A M.

21. I hereby certify that I attended the deceased from 8 '45, to , 19 ,
that I last saw her alive on Sept 8 , 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	
Respiratory failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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)
No.
While at work? (e) Means of injury 0

23. Signature Leroy E Ellison (M. D. or other) M.D.
Address 3610 So Broadway St Louis Mo. Date signed 9-8-45

(Licensed Embalmer's Statement on Reverse Side)

4962

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. Not Embalmed

Signed L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.