V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26158

FILED AUG 24 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7136

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

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1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Res: 5096 Delmar Blv'd., /
(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 000

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

(d) Street No. 5096 Delmar Blv'd., 9 12
(If rural, give location)

(e) Citizen of foreign country? no. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DR ALBERT E. SNOW.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Male. 0

5. Color or race White.

6. (a) Single, widowed, married, divorced Married/

6. (b) Name of husband or wife Pearl C. Snow.

6. (c) Age of husband or wife if alive 74. years

7. Birth date of deceased July 26, 1870.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75.	0.	16.	hr. min.

9. Birthplace Chapin, Illinois. /
(City, town, or county) (State or foreign country)

10. Usual occupation Physician & Surgeon.

11. Industry or business

FATHER
12. Name Augustus Snow.
13. Birthplace Unknown, Rhode Island /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alberta Schnack.
15. Birthplace Unknown, Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl C. Snow.
(b) Address 5096 Delmar Blv'd.,

17. (a) Burial. (b) Date thereof 8/14/45.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blv'd.,

19. (a) AUG 14 1945 (b) J. F. Breisek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th,
year 1945. hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from May -, 1945, to Aug. 17 -, 1945
that I last saw him alive on Aug - 11 - 45, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
arterio-Sclerosis	1 yr
Due to	
Due to	
Other conditions Senile Dementia (Include pregnancy within 3 months of death)	

97

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)
While at work? (e) Means of injury

23. Signature S.H. Hale (M. D. or other) M.D.
Address 4903 Delmar Date signed 8/13/45

(Licensed Embalmer's Statement on Reverse Side)

Dr T. H. Hale.
4903 Delmar Blv'd.,
RO: 1471.
Res: 201 Bemiston,
PA: 7870.

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 J. T. Lipton

Licensed Embalmer No. #2422.

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.