

S. No. 2  
M-5-43  
5-17-39  
I X38671

10530

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. **11678**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2592**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1313 Montgomery  
(If not in hospital or institution, write street number and street name)  
(d) Length of stay: In hospital or institution 6 months (Specify whether  
In this community 6 months years, months or days)

3. (a) PRINT FULL NAME James Wiley Snider

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 11 1872  
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name James Snider

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Estes

15. Birthplace Bolinger County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Freda Appell

(b) Address 1313 Montgomery

17. (a) REMOVAL (b) Date thereof 3-19-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHAFFEE, MO.

18. (a) Signature of funeral director BISTLINGHOFF FUNERAL

(b) Address CHAFFEE, MO.

19. (a) MAR 18 1946 (b) J. J. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 1313 Montgomery (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1946 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec. 25 - 1946 to March 18 1946  
that I last saw him alive on March 16 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 days

Due to Myocarditis & Hypertension 24 hr  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93

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? \_\_\_\_\_

1 While at work? (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature J. C. Cream (M. D. or other) MD  
Address 2004 N. 14 St Date signed 3-18-46

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**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.....

*Rex Campbell*

Licensed Embalmer No.....

*3881*

P. O. Address.....

*4305 Washington*

**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.**