S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 29 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Reilly OV?

State File No. 14306

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 916

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital O (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 St. Louis 96
(c) City or town Berkeley City (If outside city or town limits, write "RURAL")
(d) Street No. 5009-Carson Road (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Robert Dean Snelson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced S O
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov (Month) 20 (Day) 1935 (Year)

8. AGE: Years	Months	Days	If less than one day
10	4	30	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation School-boy
11. Industry or business .....
FATHER
12. Name John E. Snelson O
13. Birthplace Washington County (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Edna Elmo King
15. Birthplace Troy (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant John E. Snelson
(b) Address 5009-Carson Rd-Berkeley City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504-Woodson Rd Overland
19. (a) 4-25-46 (Date received local registrar) (b) E. G. McGenan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1946 hour 9 minute 00 P M.
21. I hereby certify that I attended the deceased from April 2, 1946, to April 19, 1946, that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Meningitis 3 mos?
Due to .....
Due to 14
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations .....
Of autopsy Tuberculous Meningitis

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 Mt O
23. Signature Edmund A. Snelson (M. D. or other)
Address Beaumont Med Bldg Date signed 4/24/46

(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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.