S. No. 2 M2-43	DEPARTMENT OF COMMERCE STATE BOARD OF HE BUREAU OF THE CENSUS 2 9 1046 STANDARD CERTIF	· · · · · · · · · · · · · · · · · · ·
F-I X35897	Registration District No	rict No. 3069 Registrar's No. 8, 7.7
US BY	1. PLACE OF DEATH:  (a) County ST. LOUIS  (b) City or town. St. Louis Richmond Heis  (c) Name of hospital or institution:  St. Mary's Hospital  (If not in hospital or institution, write arrest number or location)  (d) Length of stay: In hospital or institution. (Specify whether	2. USUAL RESIDENCE OF DECEASED:    101 State Missouri (b) County   10 c)  (c) City or town St. Louis   7  (d) Street No. 5351 Delmar Blvd. 9  (d) Citizen of foreign country? (Yes or No.)
€ ⇔ o	In this community	. If yes, name country
<	3. (a) PRINT Lawrence Snider  3. (b) If veteran,  name war.  3. (c) Social Security  No 490-05-602	20. DATE OF DEATH: Month 4 day 16  year 1446 hour 4 minute 40 P. M.
2017 Ink–make	5. Color or G. (a) Single, widowed, married.  4. Sex M Grace W divorced Married.  6. (b) Name of husband or wife 6. (c) Age of husband or wife if	21. I bereby certify that I attended the deceased from  3-28-46, 19 to 19; that I last saw has alive on 4-16-46, 19; and that death occurred on the date and hour stated above.
132 Black 1	Maude alive years  7. Birth date of deceased January 25, 1895  (Month) (Day) (Yeer)	Immediate cause of death.  Duration  Duration  Duration
DING	8. AGE: Years Months Days If less than one day 51 2 21	Due to 3 have
NLY-USE UNFADING	9. Birthplace Fruitland Missouri) (City, town, or county) (State or foreign country)  10. Usual occupation Manager	Other conditions. (Include pregnancy within 3 months of death)
	ii. Industry or business Groves Motor Go.  E 12. Name George L. Snider  13. Birthplace Fruitland Missouri	Major findings: Of operations Underline the cause to which death
WRITE PLAINLY	(City, town, or country)  14. Maiden name Limetta Caldwelle or foreign country)  15. Birthplace Fruitland Missouri (City, town, or country)  (City, town, or country) (State or foreign country)  16. (a) Informant Maude Snider	Of autopsy
W	(b) Address Cape Girardeau, Mo.  17. (a) Removal (Burial, cremation, or removal) (Burial, cremation, or removal) (Month) (Day) (Year)	(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?
	(c) Place: burial or cremation Cape Girardeau, Mo.  18. (a) Signature of funeral director. Schumocks Und Co.  (b) Address. 3013 Meramec St.  19. (a) 4/20/46 (b) 2-7 Mr. Jaman and	While at work? (Specify type of plece)  (e) Means of injury.  23. Signature (M. D. or other)
	(Date racelved local registrar) (Registrar's signature) (Licensed Embalmer's Sta	Address & Salv. Ward Level. Date signed 4//7)

rar	221946
1.1600	_

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the revers	me is recorded on the reverse side of this certificate was embalmed by me, or by			
	, I	Registered Apprentice No	1	
working under my personal supervision.	1	. 00. 100.		

Licensed Embalmer No. 35,65

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.