

S. No. 2
F-8-43
5-17-39
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DEPARTMENT OF COMMERCE. THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

17843
6

FILED JUN 10 1946

State File No. _____

Registration District No. 763

Primary Registration District No. 60564457

Registrar's No. 312

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Lansing city
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Lansing city (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME EMMA F. SNYDER

3. (b) If veteran, name war _____

3. (c) Social Security No. 710

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1946 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from _____, 1946 to May 21, 1946

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife J. W. Snyder

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased February 22 1877
(Month) (Day) (Year)

that I last saw her alive on May 21, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 2 Days 29 If less than one day _____ hr. _____ min.

Immediate cause of death Hypostatic pneumonia Duration 5 days

Due to Apoplexy 10 days

9. Birthplace St. Clair Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Green

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Greenwell

15. Birthplace St. Louis Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Snyder

(b) Address Lansing city Mo

17. (a) Burial (b) Date thereof 5-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lansing city

18. (a) Signature of funeral director Ada Jackson

(b) Address Osceola Mo

19. (a) May 24-46 (b) Ada Jackson
(Date received by local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____

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? _____

(e) While at work? _____ (Specify type of place) (f) Means of injury _____

23. Signature J. D. [unclear] (M. D. or other)

Address Lansing city Mo Date signed 5/24/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

16722

RECEIVED

Division Health Officer No. 7,

District File Number 5-46-391

Date Filed 6-8-46

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. B. ...*

Licensed Embalmer No. 3038

P. O. Address Osceola 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.