

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

18924

FILED MAY 17 1946
318

STANDARD CERTIFICATE OF DEATH
1003

State File No.

Registrar's No.

4177

Registration District No.

Primary Registration District No.

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: 1408a Monroe St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)
In this community 30 years

3. (a) PRINT FULL NAME Mr. Edward T. Snider

3. (b) If veteran, name war none
3. (c) Social Security No. 498-03-5648

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Myrtle Snider 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased December 29th, 1902
(Month) (Day) (Year)

8. AGE: Years 43 Months 4 Days 7 If less than one day hr. min.

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

10. Usual occupation Packer
11. Industry or business Butler Bros.

12. Name James W. Snider
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emma Mae Estes
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Brown Petrowski
(b) Address 1408a Monroe St.

17. (a) Burial (b) Date thereof 5-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen Cem. Chester, Ill

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) MAY 8 1946 (Date received by registrar)
J. F. Brecken (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 26/17
(If outside city or town limits, write "RURAL")
(d) Street No. 1408a Monroe St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th.
year 1946 hour 7:30 PM. minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Chronic Arteritis
Cardiac Hypertrophy
Due to Chronic Arteritis
not known
Due to Chronic Arteritis
not known

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95
Of autopsy 7

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Suicide, or homicide (specify) Snider
(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?

While at work? (Specify type of place) (e) Means of injury 3

23. Signature Patrick J. Taylor (Physician's signature)
Address Deputy Coroner Date signed 5-8-46

(Licensed Embalmer's Statement on Reverse Side)

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

17002

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

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis Ave*

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.