

FILED JUL 25 1946

Registration District No. 77

Primary Registration District No. 3008

State File No.

Registrar's No. 232

1. PLACE OF DEATH:

(a) County: Callaway
(b) City or town: Hulton
(c) Name of hospital or institution: State Hospital
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 y 2 m 24 d (Specify whether years, months or days)
In this community: same (Specify whether years, months or days)

3. (a) PRINT FULL NAME: ANNIE SNIDER

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

4. Sex: female 5. Color or race: col 6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Rev. John Snider 6. (c) Age of husband or wife if alive: dk years
7. Birth date of deceased: Feb 2 1883 (Month) (Day) (Year)

8. AGE: Years 31 Months 5 Days 15 If less than one day hr. _____ min. _____

9. Birthplace: Alabama (City, town, or county) (State or foreign country)

10. Usual occupation: none

11. Industry or business: none

12. Name: Van Clark

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

14. Maiden name: Mary

15. Birthplace: Alabama (City, town, or county) (State or foreign country)

16. (a) Informant: Hospital records

(b) Address: Hulton

17. (a) Removal (b) Date thereof: 7-17-46 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Louis, Missouri

18. (c) Signature of funeral director: W. S. Wade Funeral

(b) Address: 4202 Finney Ave St. Louis, Mo

19. (a) 7-22-1946 (b) Joie Morawick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis
(c) City or town: Kirkwood (If outside city or town limits, write "RURAL")
(d) Street No.: 15 Breeland Ave (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1946 hour _____ minute 11:25 M.

21. I hereby certify that I attended the deceased from July 16 to July 17, 1946
that I last saw him alive on July 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis Duration 3y

Due to: _____

Due to: Epilepsy

Other conditions: 6y (Include pregnancy within 9 months of death)

Major findings: g3d

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?

Home (Specify type of place)

While at work? (e) Means of injury: no

23. Signature: J. Caldwell (M. D. or other)

Address: Hulton Date signed: 7/17/46

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

AUG 1 1946

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-24-46

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.

*Body was not Embalmed by me
I made the pick up for body
& obtained Removal permit for
the Wade Funeral Home St. Louis mo*

Signed Herzyl E. Browning

Licensed Embalmer No. 27 26

P. O. Address Fulton 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.