

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25742

State File No. _____

FILED AUG 5 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6486

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

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:
Barnard Skin + Cancer Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution four months
(Specify whether years, months or days)

In this community seventeen years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ann Snyder

3. (b) If veteran, name war ✓ No. _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Wm Snyder alive _____ years

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

7. Birth date of deceased: Sept 16 1909
(Month) (Day) (Year)

8. AGE: Years 36 Months 10 Days 5
If less than one day hr. _____ min. _____

9. Birthplace Oklahoma City - Okla
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Jack R. Lewis

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

14. Maiden name Mollie May Curtis

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

16. (a) Informant Helen Joyce

(b) Address 2231^e Alberta

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-46
(Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter + Paul

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 - Lafayette Ave

19. (a) JUL 22 1946 (Date received local Registrar's signature) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 820 - Academy 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 21
year 46 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1 - 7, 1946 to 21 July, 1946
that I last saw her alive on 21 July, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Cervix + metastasis

Due to _____

Due to _____

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

Major findings: Pap Hysterectomy
Cancer Cervix + metastasis
5-26-46
Of autopsy NOT performed

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? _____

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

23. Signature Vencil P. Hoels (M. D. or other) D. 21 July 46
Address Barnard Skin Cancer Hosp Date signed _____

(Licensed Embalmer's Statement on Reverse Side) ✓ Barnard Hosp

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.....

P. W. Cooper

Licensed Embalmer No.....

38730

P. O. Address.....

230 Lafayette

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.