

No. 2
M-5-43
5-17-39
I X36671

State File No. _____

FILED NOV 7 1946 318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 0229

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1yr. 2mos. 26ds.
In this community 16 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3522 Halliday St.
5400 Arsenal St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GUY SNYDER

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

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. April 4 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>6</u>	<u>22</u>	_____ hr. _____ min.

9. Birthplace Vandalia Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER

12. Name John H. Snyder

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

14. Maiden name Mary Bogard

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

16. (a) Informant Clara Robinson
5400 Arsenal St.

(b) Address _____
17. (a) Removal (b) Date thereof 10-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.
OCT 28 1946
(Date received local registrar)

19. (a) _____ (b) J. F. Brudick
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1946 hour 4.02 minute P M.

21. I hereby certify that I attended the deceased from May 1, 1946 to Oct. 26, 1946; that I last saw him alive on Oct. 26, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Vascular Accident 1 day
Due to Generalized Arteriosclerosis 15 mos.x.

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

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____

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)
(c) Means of injury _____
23. Signature Paul T. Hartman (M. D. or other) _____
Address 5400 Arsenal St. Date signed 10/27/46

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

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..... *Elmo R. Cadwell*

Licensed Embalmer No..... *4077*

P.O. Address.....

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.