No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33037

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8654

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: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 1618 Glasgow (If rural, give location) 20 9 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Henry Snowden
3. (b) If veteran, name war: No
3. (c) Social Security No.:
4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November (Month) 21 (Day) 1892 (Year)
8. AGE: Years 54 Months 10 Days 10 If less than one day hr. min.
9. Birthplace: Saint Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: messenger
11. Industry or business: City of St. Louis

FATHER
12. Name: Louis Snowden
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Frozene Gaines
(b) Address: 1618a Glasgow Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation: St.Peters Cem.
18. (a) Signature of funeral director: Geo. J. Sneed
(b) Address: 3615-17 Easton Avenue
19. (a) SEP 14 1947 (Date received local registrar) (b) J. G. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11 year 1947 hour 8 minute 40 A.M.
21. I hereby certify that I attended the deceased from Sept. 7, 1947, to Sept. 11, 1947; that I last saw him alive on Sept. 11, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized Tuberculosis	Undet.
Lungs involved	
Due to:	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy: No	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: Oscar L. Danello (M. D. or other)
Address: 2601 N Whittier Date signed: 9/12/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Josephine E. Cooper, Registered Apprentice No. 505 (505) working under my personal supervision.

Signed James Wyatt

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.