No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33038

Primary Registration District No. 1003

Registrar's No. 8532

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3150 W. Evans (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: do
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 3150 W. Evens (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Henry Snyder Jr.
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: M
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lizzie Snyder
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: 12 (Month) 22 (Day) 1885 (Year)

8. AGE: Years 61 Months 8 Days 15 If less than one day hr. min.

9. Birthplace: Tuscaloosa (City, town, or county) Ala (State or foreign country)
10. Usual occupation: Fireman
11. Industry or business:
MOTHER FATHER
12. Name: Henry Snyder Sr.
13. Birthplace: (City, town, or county) Ala (State or foreign country)
14. Maiden name: Cornelia Carter
15. Birthplace: (City, town, or county) Ala (State or foreign country)
16. (a) Informant: Lizzie Snyder
(b) Address: 3150 W Evens Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Father Dixon Cemetery
18. (a) Signature of funeral director: Gus Lowe
(b) Address: 2930 Dickson St.
19. (a) SEP 9 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day 7th year 1947 hour 2 minute 20 P.M.
21. I hereby certify that I attended the deceased from Sept 1 31 1947 to Sept 7 1947 that I last saw him alive on Sept 1 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	20 Minutes
Due to: Hypertension	2 yrs
Due to: Arteriosclerosis	unkn
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NH	
Of autopsy:	

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: S E Moore (M. D. or other)
Address: 8097 N Jeffer Date signed: 9-7-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Heilliard

Licensed Embalmer No. 4291

P. O. Address 1154 [illegible]

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.