No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31450

FILED OCT 9 1948

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 8561

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

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 St Louis Children's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 months () (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Cumberland
(c) ~~City or town~~ Town Greenup, Illinois (If outside city or town limits, write "RURAL")
(d) Street No. N.R. 2 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James William Snyder
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race white
6. (a) ~~Single, widowed, married, divorced~~ 0
6. (b) ~~Name of husband or wife~~ none
6. (c) ~~Age of husband or wife if alive~~ none years
7. Birth date of deceased November 29, 1947 (Month) (Day) (Year)

8. AGE: Years 0 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Effingham (City, town, or county) Illinois (State or foreign country)
10. Usual occupation none
11. Industry or business none

FATHER
12. Name Lester Snyder
13. Birthplace Cumberland (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Betty Lou ~~[illegible]~~ Cutright
15. Birthplace Greenup (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Lester Snyder
(b) Address Greenup Illinois
17. (a) 9/30/48 (Burial, cremation, or removal) (b) Date thereof 9/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenup, Ill.
18. (a) Signature of funeral director Chas. H. Hales
(b) Address Greenup, Illinois
19. (a) OCT 1 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 48 hour 3 minute 45 p M.
21. I hereby certify that I attended the deceased from 12-29-47 1948 to 9-28-48 1948 that I last saw him alive on 9-28-1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Exfoliative Dermatitis	
Due to Unknown Cause	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 ()
23. Signature Don L. Houston (M. D. ~~or other~~)
Address 500 S. Kingshighway Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)
~~Lincoln 5650 Illinois~~

1958

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 Chas. E. Hiles

Licensed Embalmer No. 5650 Illinois

P. O. Address Greenup, Illinois

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.