

10-47
5-17-39
1 3905

FILED OCT 23 1948
Registration District No. 397

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay 23
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9838 Linn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Lemay 23 0
(If outside city or town limits, write "RURAL")

(d) Street No. 9838 Linn 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3: (a) PRINT FULL NAME GEORGE W. SNYDER

3. (b) If veteran, name war No

3. (c) Social Security No. Yes

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Chloe Snyder

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased October 31, 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>43</u>	<u>II</u>	<u>5</u>	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business Axelson Mfg. Co.

12. Name John H. Snyder

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

14. Maiden name Anna Feldmann

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George W. Snyder

(b) Address 9836 Linn Ave. Lemay 23, Mo.

17. (a) Cremation (b) Date thereof 10/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director G. Hoffmeister U&L Co.

(b) Address 7814 S. Broadway St. Louis II, Mo.

19. (a) OCT 9 1948 (b) Oct 7 1948
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1948 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from 6/3/48, 1948 to 10/6, 1948
that I last saw him live alive on 9/21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Pulm. Hemorrhages

Due to Pulm. Abscess

Other conditions Diabete Mel.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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 fall

23. Signature Geo Wm Schlenker M.D. (M. D. or other) 10/8/48
Address 3515 1/2 South Grand Date signed _____

Duration _____

not known

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

