

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3287

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1050</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis II.</b>		c. LENGTH OF STAY (In this place) <b>17 Years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis II.</b>		d. STREET ADDRESS (If rural, give location) <b>800I Van Buren</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>800I Van Buren</b>				d. STREET ADDRESS (If rural, give location) <b>800I Van Buren</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>D.</b> c. (Last) <b>Snasdell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>February 2, 1949</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 24, 1890</b>	
9. AGE (In years last birthday) <b>58</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>8</b>		IF UNDER 100 HRS. Hours <b>1</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laundry</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own business</b>		11. BIRTHPLACE (State or foreign country) <b>Graniteville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>John Snasdell</b>			13b. MOTHER'S MAIDEN NAME <b>Magdalena Damman</b>		14. NAME OF HUSBAND OR WIFE <b>Jane Snasdell</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Jane Snasdell 800I Van Buren City II</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Syphilis 20 yrs</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b> <b>4 years</b> <b>20 yrs</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>123x</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>8-3, 1935, to 2-2, 1949</b> that I last saw the deceased alive on <b>1-22, 1949</b> , and that death occurred at <b>9:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Oley E. Jones, M.D.</b>				23b. ADDRESS <b>5616 S. Bdw. St. Louis 2-2-49</b>		23c. DATE SIGNED <b>2-2-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 5, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay 23, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>FEB 3 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister U&amp;L Co. 7814 S. Bdw. City II</b>			

Doctor O. S. Jones  
3616 S. BAWY  
2-6 PM Except Thursday  
7-10 PM Wednesday & Friday  
LA 5626

---

---

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Lewis C. Hoffmann

Signed.....  
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.