No. 300
10.48

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

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5845

BIRTH NO. ____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY: St ~~Louis~~ Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St ~~Louis~~ Charles
c. LENGTH OF STAY (in this place): 15 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1801 W. Randolph St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St ~~Louis~~ Charles
d. STREET ADDRESS (If rural, give location): 1801 W. Randolph St

3. NAME OF DECEASED (Type or Print)
a. (First): Hattie
b. (Middle):
c. (Last): Snell

4. DATE OF DEATH (Month): 2 (Day): 8 (Year): 49

5. SEX: Female
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct, 18, 1891
9. AGE (In years last birthday): 57 — If under 1 year: Months ____ Days ____ If under 24 hrs.: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Nil
11. BIRTHPLACE (State or foreign country): St Charles Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Johnson Jennings
13b. MOTHER'S MAIDEN NAME: Fannie Houston
14. NAME OF HUSBAND OR WIFE: Obie Snell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Obie Snell — **ADDRESS**: 1801 Randolph St

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) M. hypertension and Disease — (10 years)

DUE TO (c) cardio-vascular Renal ~~Disease~~ — 10 years ?

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* —

19a. DATE OF OPERATION: ~~—~~
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): — St Charles, St Charles Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* October 1948, *to* 2-8, 1949, *that I last saw the deceased alive on* 2-8, 1949, *and that death occurred at* 6:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: George E. Kister (Degree or title) M.D.
23b. ADDRESS: St Charles Mo
23c. DATE SIGNED: 2-9-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-11-49
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove
24d. LOCATION (City, town, or county) (State): St Charles Mo.

DATE REC'D BY LOCAL REG.: 2-14-49
REGISTRAR'S SIGNATURE: Fannie Hamilton
25. FUNERAL DIRECTOR'S SIGNATURE: Ellis Funeral Home — **ADDRESS**: 2820 Stoddard St. Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 10 1949

MAY 31 1949

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.

Student _____
Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 198

P. O. Address St Louis 13M

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.