

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10673**

318

1003

Registrar's No. **2030**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2030	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson		16 5 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 5917 Wells Ave.				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED a. (First) Alice			b. (Middle) Roberta		c. (Last) Snider		4. DATE OF DEATH (Month) (Day) (Year) March 1, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 29, 1866		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Cape Girardeau Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Monroe Davis		13b. MOTHER'S MAIDEN NAME Lizzie Campbell		14. NAME OF HUSBAND OR WIFE Eli Snider			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Nora Burns, 5917 Wells Ave. ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular disease 21 yr. DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) Jackson (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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from June 5, 1947 to 3/1 , 19 49 , that I last saw the deceased alive on 3/1 , 19 49 , and that death occurred at 5:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. B. Fosater (Degree or title) M.D.				23b. ADDRESS 6125 Benton		23c. DATE SIGNED 3/3/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-4-49		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill		24d. LOCATION (City, town, or county) (State) Fruitland, Mo.	
DATE REC'D BY LOCAL OFFICE MAR 3 1949		REGISTRAR'S SIGNATURE J. B. Fosater		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 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~~ Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elton H. Remelino

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.