

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21710
3781

FILED JUL 15 1949

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		STREET ADDRESS (If rural, give location) 7204 Zephyr Pl.	

3. NAME OF DECEASED (Type or Print) Mary Ella Snyder			4. DATE OF DEATH 7-1-49		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED - DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 4th, 1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 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) Ohio	12. CITIZEN OF WHAT COUNTRY? _____
---	---	--	---------------------------------------

13a. FATHER'S NAME George W. Littler	13b. MOTHER'S MAIDEN NAME Mary J. Stillings	14. NAME OF HUSBAND OR WIFE Chas. L. Snyder
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Virginia Snyder	ADDRESS 7204 Zephyr Pl.
---	-------------------------------	---	-----------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH May 1949?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma (and) anal. Probably primary liver or gall bladder		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bowel obstruction. Cecostomy		6-24-49	

19a. DATE OF OPERATION 6-24-49	19b. MAJOR FINDINGS OF OPERATION As in 1. Colonic obstruction	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
--	---	---

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) Holt Mo.
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 135K
---	--	--

22. I hereby certify that I attended the deceased from **March 1939**, to **July 1, 1949** that I last saw the deceased alive on **7-1-49** 19____, and that death occurred at **8:30 P. m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) W. H. Clark M.D.	22b. ADDRESS 844 Hamilton Blvd St. Louis 12, Mo	22c. DATE SIGNED 7-2-49
---	---	-----------------------------------

22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE July 5th, 1949	22c. NAME OF CEMETERY OR CREMATORY Velhella	22d. LOCATION (City, town, or county) (State) 7401 St. Chas. Rock Rd.
--	------------------------------------	---	---

DATE REC'D BY LOCAL REG. _____	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE Kraeger-Voss, Inc.	ADDRESS 3402 N. Kingshigh way
--------------------------------	---	---	---

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

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, on

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

W. W. Wilkinson

Licensed Embalmer No.

3575

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.