

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25680

State File No. ....

|                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                          |  |
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| BIRTH NO. ....                                                                                                                                                                                                                                                        |  | REG. DIST. NO. <u>317</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | PRIMARY REG. DIST. NO. <u>6076</u>                                                                                                                                                                                                                                                                                                |  | Registrar's No. <u>1616</u>                                                                                                                                                                                                              |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u><br>b. CITY (If outside corporate limits, write RURAL and give town OR <u>Manchester</u> )<br>c. LENGTH OF STAY (in this place) <u>6 wks</u><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>St. Louis</u><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park, Mo.</u><br>d. STREET ADDRESS (If rural, give location) <u>1004 Pyramid ave.</u> |  |                                                                                                                                                                                                                                          |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Etta</u><br>b. (Middle) <u>Belle</u><br>c. (Last) <u>Snider</u>                                                                                                                                               |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>June 30, 1950</u>                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 5. SEX<br><u>Male</u>                                                                                                                                                                                                                                                                                                             |  | 6. COLOR OR RACE<br><u>White</u>                                                                                                                                                                                                         |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Divorced</u>                                                                                                                                                                                             |  | 8. DATE OF BIRTH<br><u>March 13, 1879</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 9. AGE (In years last birthday) <u>71</u><br>IF UNDER 1 YEAR: Months <u>3</u> Days <u>17</u><br>IF UNDER 24 HRS: Hours <u>17</u> Min. <u>47</u>                                                                                                                                                                                   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>                                                                                                                           |  |
| 11. BIRTHPLACE (State or foreign country)<br><u>Malden, Mo.</u>                                                                                                                                                                                                       |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 13a. FATHER'S NAME<br><u>Nichols</u>                                                                                                                                                                                                                                                                                              |  | 13b. MOTHER'S MAIDEN NAME<br><u>Sara Snider</u>                                                                                                                                                                                          |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>H. Frederick Snider</u>                                                                                                                                                                                                             |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <u>no</u><br>(If yes, give war or dates of service)                                                                                                                                                                                                                                                                                                                                                                  |  | 16. SOCIAL SECURITY NO.<br><u>no</u>                                                                                                                                                                                                                                                                                              |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>H. Frederick Snider</u>                                                                                                                                                                          |  |
| 18. ADDRESS<br><u>Kirkwood, Mo.</u>                                                                                                                                                                                                                                   |  | 19. MEDICAL CERTIFICATION<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*<br>(a) <u>Metastases of sarcoma to lungs &amp; pelvis</u><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Sarcoma of the uterus</u><br>DUE TO (c) _____<br>2. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>174X</u> |  | 19a. DATE OF OPERATION<br><u>174X</u>                                                                                                                                                                                                                                                                                             |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Sarcoma of the uterus</u>                                                                                                                                                                         |  |
| 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                   |  | 21a. ACCIDENT SUICIDE HOMICIDE<br>(Specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____                                                                                                                                                                                                                                    |  | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)<br><u>Malden, Mo.</u>                                                                                                                                                                      |  |
| 21d. TIME OF INJURY<br>(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?<br>_____                                                                                                                                                                                                                                                                                               |  | 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:15 PM</u> m., from the causes and on the date stated above. |  |
| 23a. SIGNATURE<br><u>Wilson D. Brown</u>                                                                                                                                                                                                                              |  | 23b. ADDRESS<br><u>601 Brentwood Blvd Clayton, Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 23c. DATE SIGNED<br><u>July 1, 1950</u>                                                                                                                                                                                                                                                                                           |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                               |  |
| 24b. DATE<br><u>7/3/50</u>                                                                                                                                                                                                                                            |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Malden Cemetery</u>                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 24d. LOCATION (City, town, or county) (State)<br><u>Malden, Mo.</u>                                                                                                                                                                                                                                                               |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Meyer-Pfzinger</u>                                                                                                                                                                                |  |
| 25. ADDRESS<br><u>Kirkwood, Mo.</u>                                                                                                                                                                                                                                   |  | 26. DATE REC'D BY LOCAL REG.<br><u>7-1-50</u>                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 26. REGISTRAR'S SIGNATURE<br><u>Herbert R. Salome</u>                                                                                                                                                                                                                                                                             |  | 26. ADDRESS<br><u>Kirkwood, Mo.</u>                                                                                                                                                                                                      |  |

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

*John M. Meyer*

Licensed Embalmer No. *3288*

P. O. Address *Kirkwood, 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.