

FILED DEC 18 1950  
54363

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42863  
Registrar's No. 10225

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 3531 Page Ave.,	

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) SNOWERT c. (Last)			4. DATE OF DEATH 11/6/50 (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE "white"	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12/9/67	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) O.A.A.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Belgium	12. CITIZEN OF WHAT COUNTRY? 4	

13a. FATHER'S NAME Edw Snowert	13b. MOTHER'S MAIDEN NAME Mary Unknown	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME M. Renard	ADDRESS St. Louis City Hospital #1
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	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 <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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? 002X

22. I hereby certify that I attended the deceased from 5/23/50, 19\_\_ to 11/6/50, 19\_\_, that I last saw the deceased alive on 11/6/50, 19\_\_, and that death occurred at 6:40pm m., from the causes and on the date stated above.

23a. SIGNATURE John R. Beem (Degree or title) M.D.	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 11/8/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-1-50	24c. NAME OF CEMETERY OR CREMATORY CALVARY	24d. LOCATION (City, town, or county) (State) ST LOUIS MO
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DATE REC'D BY LOCAL REG. DEC 1 1950	REGISTRAR'S SIGNATURE J. B. Beater	25. FUNERAL DIRECTOR'S SIGNATURE Gullen - Kelly	ADDRESS 4386 Lindell
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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~~, or by \_\_\_\_\_

*Students of Colleges of Mortuary Science*

working under my personal supervision.

Student Embalmer No. ....

Signed *James G. Lammers*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.