

10.48 FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6792

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1234

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2069</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>6 4858 COTE BRILLIANTE</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		5. AGE (In years: last birthday)
a. (First) <u>Bishop</u>			b. (Middle)		c. (Last) <u>Snipes</u>
6. COLOR OR RACE <u>Colored</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH
9. SEX <u>Male</u>			10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		11. BIRTHPLACE (State or foreign country)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Pipe Fitter</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>K. C. Snipes</u>		13b. MOTHER'S MAIDEN NAME <u>Roxie Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Snipes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>431-10-2358</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARY SNIPES</u>	
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) <u>Infectious Hepatitis</u>  ANTECEDENT CAUSES DUE TO (b) <u>Undetermined</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			ADDRESS <u>4858 C. BRILLIANTE</u>  INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>092X</u>	
22. I hereby certify that I attended the deceased from <u>1-27</u> , 19 <u>52</u> , to <u>2-3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-3</u> , 19 <u>52</u> , and that death occurred at <u>4:40a</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J. W. Harris</u>		23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>2-5-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>2/9/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKDALE CEMETERY</u>	
24d. LOCATION (City, town, or county) <u>St. Louis County, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. WADE GRANBERRY</u>			
DATE REC'D BY LOCAL REG. <u>FEB 8 1952</u>		REGISTRAR'S SIGNATURE <u>Charles Smith</u>		ADDRESS <u>4202 FINNEY</u>	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Melvin E. Green*

Licensed Embalmer No. *4428*

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.