

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40739

State File No.

FILED DEC 12 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10778**

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4230a North 9th st.		d. STREET ADDRESS (If rural, give location) 9 4230a North 9th st	
3. NAME OF DECEASED (Type or Print) John		a. (First) John b. (Middle) c. (Last) Snyder	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan 3, 1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cook retired		10b. KIND OF BUSINESS OR INDUSTRY restuarant	9. AGE (In years last birthday) 86 11. BIRTHPLACE (City and State or Foreign Country) Winston, Mo.
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	12. CITIZEN OF WHAT COUNTRY? USA
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	14. NAME OF HUSBAND OR WIFE Julia Snyder
17. INFORMANT'S SIGNATURE OR NAME Corinne Delunas		ADDRESS 4232 No 9th	

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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, 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? 4500

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 **4:07 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 11/24/52
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 11-25-52	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Perryville, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Bey F.H., Perryville, Mo. ADDRESS	
DATE REC'D BY LOCAL REG. NOV 24 1952	REGISTRAR'S SIGNATURE [Signature]	

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 W. C. Morris

Licensed Embalmer No. 3360

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.