

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3787**

FILED FEB 11 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1073**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin | |
| 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 Campbell 0350 | |
| c. LENGTH OF STAY (in this place) 13 days | | d. STREET ADDRESS (If rural, give location) / | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital | | | |

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|--|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Josie b. (Middle) c. (Last) Snider | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1953 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March 24, 1882 | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days IF UNDER 1 HR. 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 At Home | | 11. BIRTHPLACE (City and State or Foreign Country) Jackson Co., Ill. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME Art Jenkins | | 13b. MOTHER'S MAIDEN NAME Carrie Troupe | | 14. NAME OF HUSBAND OR WIFE Jeff | |
| 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 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruben Snider, Campbell | |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation INTERVAL BETWEEN ONSET AND DEATH 2 1/2 wks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Arteriosclerotic Heart Disease 3 wks DUE TO (c) Arteriosclerosis Unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute pericarditis 2 wks | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4200 | | |

22. I hereby certify that I attended the deceased from 1/15/53, 1953, to 1/27/53, 1953, that I last saw the deceased alive on 1/27/53, 1953, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

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|---|--------------------------|---|--|--|--|
| 23a. SIGNATURE (Degree or title) Le. Sottler, M.D. | | 23b. ADDRESS 457 N. Kingshighway, St. Louis, Mo. | | 23c. DATE SIGNED 1/28/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 1-28-53 | 24c. NAME OF CEMETERY OR CREMATORY Vincent | | 24d. LOCATION (City, town, or county) (State) Campbell, Mo. | |

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| DATE REC'D BY LOCAL REG. JAN 29 1953 | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd | |
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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 John S. Hennrich

Licensed Embalmer No. 4194

P. O. Address _____

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.