

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8255

State File No.

FILED MAR 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 651

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		c. LENGTH OF STAY (in this place) <u>13 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		2 4607			
d. FULL NAME OF HOSPITAL-OR INSTITUTION <u>Bethesda Nursing Home</u>			d. STREET ADDRESS (If rural, give location) <u>1001 Big Bend Rd.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u>			b. (Middle) <u>M</u>	c. (Last) <u>Snyder</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 24 53</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>may 7 1882</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housework</u>	11. BIRTHPLACE (State or foreign country) <u>Omaha Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Emkins</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Meier</u>		14. NAME OF HUSBAND OR WIFE <u>Charles (deceased)</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME, STR. ADDRESS <u>Ila Spindle 1346 E. 14th Cleve. Ohio</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>Cerebral Hemorrhage (left)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Vascular disease</u>				<u>etc.</u>			
	DUE TO (c)							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u>							
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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>Jan 15</u> , 19 <u>53</u> , to <u>Feb 24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb 27</u> , 19 <u>53</u> , and that death occurred at <u>9:45 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. DeBaugh, M.D.</u>		(Degree or title)	23b. ADDRESS <u>Webster Groves, Mo.</u>		23c. DATE SIGNED <u>2/26/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/27/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>					
DATE REC'D BY LOCAL REG. <u>2-26-53</u>	REGISTRAR'S SIGNATURE <u>Hank R. Danks - M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schumacher Und. Co. 3013 Meramec</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Dr O. D. Seabaugh
105 W. Lockwood
Web Grove Mo.

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 _____

Licensed Embalmer No. 4746

P. O. Address Atkins 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.