

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **15364**  
**106**

**FILED MAY 11 1953**  
BIRTH NO. \_\_\_\_\_

REG. DIST. NO. **310**

PRIMARY REG. DIST. NO. **3058** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St Charles</b> b. CITY OR TOWN <b>St Charles</b> c. LENGTH OF STAY (in this place) <b>3 DAYS</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Josephs Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b> c. CITY OR TOWN <b>Maryland Heights 4250</b> d. STREET ADDRESS <b>New Kersett Road</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>LEE ROY SNYDER</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 4 1953</b>	
<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>April 26 1899</b>
<b>9. AGE</b> (In years last birthday) <b>54</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Steel Worker</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Townd U.S.A.</b>
<b>10a. KIND OF BUSINESS OR INDUSTRY</b> <b>Ballins Steel Co.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Edgel Snyder</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Harris</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Minnie May Snyder</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>no</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Minnie May Snyder</b>	
<b>17. ADDRESS</b> <b>New Kersett Rd</b>		<b>18. CAUSE OF DEATH</b> 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.	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Multiple pulmonary thromb</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cor Pulmonale</b> DUE TO (c) <b>Essential Pulmonary Hypertension</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>P</b>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>19a. DATE OF OPERATION</b>	
<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>443 X</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>18 Sept. 1951</u>, to <u>4 May, 1953</u>, that I last saw the deceased alive on <u>4 May, 1953</u>, and that death occurred at <u>3:45 P</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>H. E. Fenger M.D.</b>		<b>23b. ADDRESS</b> <b>Pattonville, Mo</b>	
<b>23c. DATE SIGNED</b> <b>May 6 1953</b>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	
<b>24b. DATE</b> <b>5-7-53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Masonic Cemetery</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>St James Missouri</b>		<b>25. GENERAL DIRECTOR'S SIGNATURE</b> <b>Earl S. Hennessey</b>	
<b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <b>May 6 1953</b>		<b>ADDRESS</b> <b>284-0 Ireland 14 Mo</b>	

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

MAY 14 1950

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_  
Signed *Earl Williams*

Licensed Embalmer No. *3501*

P. O. Address *Overland 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.