

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27342

State File No. ....

FILED AUG 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2082

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>		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) <u>Robbston</u> TOWN <u>Rural Airport Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> OR TOWN _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Sanatorium, Robbston Mo</u>		d. STREET ADDRESS (If rural, give location) <u>6006 SHULTE Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lola</u> b. (Middle) <u>M.</u> c. (Last) <u>SNOW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 28 53</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 23 1896</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Rapid Indiana</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Home maker</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Kenyon Daniels</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Otha B. Snow</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs George Von Felde 6006 Shulte</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>Carcinoma of rectosigmoid (inoperable)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>154X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	
19c. 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?			
22. I hereby certify that I attended the deceased from <u>July 29 53</u> , 19 <u>53</u> , to <u>July 28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>July 28</u> , 19 <u>53</u> , and that death occurred at <u>4</u> <u>PM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>G. E. Gruentel</u>		23b. ADDRESS <u>4500 Olive, St. Louis 9</u>	
23c. DATE SIGNED <u>7/29/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 31, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-29-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombrowski</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Buller Kelly</u>		ADDRESS <u>4386 Lindell Blvd.</u>	

---

---

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

*James G. Lammers*

Licensed Embalmer No. \_\_\_\_\_

4142

P. O. Address \_\_\_\_\_

*St Louis*

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.