

FILED NOV 27 1953

STANDARD CERTIFICATE OF DEATH

State File No. 41196

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

10792

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, Mo.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital.			STREET ADDRESS (If rural, give location) 5 5855 Waterman Ave.		
3. NAME OF DECEASED a. (First) Lillian		b. (Middle) Augusta	c. (Last) Snyder	4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 1953.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25, 1886.	9. AGE (In years last birthday) 66.	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) Saleslady	10b. KIND OF BUSINESS OR INDUSTRY Dry Goods	11. BIRTHPLACE (City and State or Foreign Country) Dent County, Missouri, O		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Thomas Gaines		13b. MOTHER'S MAIDEN NAME Sadie Elizabeth Warfel		14. NAME OF HUSBAND OR WIFE Mattison Snyder.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No Nil	16. SOCIAL SECURITY NO. 497-09-4385	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mattison W. Snyder 5855 Waterman.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lungs, metastatic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary site unknown DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 mos
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 163X			
22. I hereby certify that I attended the deceased from 21 Aug, 1953, to 11 Nov., 1953, that I last saw the deceased alive on 10 Nov., 1953, and that death occurred at 8:55 A. M., from the causes and on the date stated above.					
23a. SIGNATURE T. G. Drake, M.D.		(Degree or title)	23b. ADDRESS 114 N. Taylor St. Louis		23c. DATE SIGNED 12 Nov. 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-12-53	24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery	24d. LOCATION (City, town, or county) (State) Salem, Missouri.		
DATE REC'D BY LOCAL REG. NOV 13 1953	REGISTRAR'S SIGNATURE Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed, *Robert M. Murray*

Licensed Embalmer No. *1374*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.