S. No. 300
. 10.48

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

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44020

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11643

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St Louis (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2119
d. STREET ADDRESS (If rural, give location): 3127 Cass Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Cassie
b. (Middle):
c. (Last): Snowden

4. DATE OF DEATH (Month) (Day) (Year): 12-20-54

5. SEX: F
6. COLOR OR RACE: N
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-20-1922
9. AGE (In years last birthday): 32 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and State or Foreign Country): St. Louis Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Nick Barbeton
13b. MOTHER'S MAIDEN NAME: Minnie Sims
14. NAME OF HUSBAND OR WIFE: Oliver Snowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Oliver Snowden ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cancer of Uterus — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) a.m. p.m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 174X

22. *I hereby certify that I attended the deceased from* 12-7-, 1954, *to* 12-20-, 1954, *that I last saw the deceased alive on* 12-16-, 1954, *and that death occurred at* 9:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Scott, M.D.
23b. ADDRESS: 3007 Easton Ave
23c. DATE SIGNED: 12-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-24-54
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): St Louis Co Mo.

DATE REC'D BY LOCAL REG.: DEC 22 1954
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas Jackson ADDRESS: 2726 Hickson
(Licensed Embalmer's Statement on Reverse Side)

MJB

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 R Cunningham

Licensed Embalmer No. 4476

P. O. Address 4700 Hammett

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.