

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24404

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6526**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>1-mon.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bernard Nursing Home</b>		STREET ADDRESS (If rural, give location) <b>5948 Loughborough</b>	
3. NAME OF DECEASED a. (First) <b>Emma</b>		b. (Middle) <b>Snyder</b>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>July 27, 1955</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S.</b>	8. DATE OF BIRTH <b>July 12, 1887</b>
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>15</b>	IF UNDER 24 HRS. Hours <b>—</b> Min. <b>—</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School-teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Morrilton, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Frank X. Snyder</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Hampel</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Frank J. Snyder, 570 1/2 Virginia Ave.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adeno Carcinoma left breast</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>metastases to lungs and liver.</b> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>7-24-52 - Removal of left breast. Mucoid Carcinoma</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>		19a. DATE OF OPERATION <b>2-6-54</b>	
19b. MAJOR FINDINGS OF OPERATION <b>1953 Hysterectomy of Adeno Carcino Macropsa</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		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) (Min.)	
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 <b>7-7-1952</b> to <b>7-27-1955</b> , that I last saw the deceased alive on <b>7-27-1955</b> , and that death occurred at <b>8:30 pm.</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>A. J. Racine M.D.</b>		23b. ADDRESS <b>4390 Sherburne</b>	
23c. DATE SIGNED <b>7-29-55</b>		24. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 30, 1955</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 29 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Donnelly</b>		ADDRESS <b>3840 Lindell Blvd.</b>	

(Licensed Embalmer's Statement of Reverse Side)

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 169

P. O. Address 3840

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.