

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7244

1830

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

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 town) St Louis		c. CITY OR TOWN St Louis	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6301 Tholozan		e. STREET ADDRESS (If rural, give location) 6301 Tholozan	
3. NAME OF DECEASED (Type or Print) a. (First) Ada b. (Middle) L. Collins c. (Last) Snider		4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 27, 1878
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Elkhart Co., Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Alphus Patterson		13b. MOTHER'S MAIDEN NAME Mary Sparr	
14. NAME OF HUSBAND OR WIFE William W. Snider		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Elizabeth A. Schmeykal, Goshen, Ind.	
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) Uremia (b) Hydronephrosis due to Carcinomatosis (c) Pituitary adenoma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 11/19/52		19b. MAJOR FINDINGS OF OPERATION Adeno carcinoma of endometrium	
20. 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) (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 11/30, 1952, to 2/16/56, 1956, that I last saw the deceased alive on 2/16/56, 1956, and that death occurred at 1:20 p.m., from the causes and on the date stated above.	
23a. SIGNATURE W.C. Scrivner (Degree or title) W.D.		23b. ADDRESS Spivey Bldg. 2nd Floor, St. Louis, Mo.	
23c. DATE SIGNED 2/17/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 2-19-56		24c. NAME OF CEMETERY OR CREMATORY Corinth	
24d. LOCATION (City, town, or County) (State) Dent Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
DATE REC'D BY LOCAL REG. FEB 20 1956		REGISTRAR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING 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.....

Licensed Embalmer No. 3749

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