

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No.

11459

2964

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Rivermines</u>		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 <u>Deaconess Hosp</u>				STREET ADDRESS (If rural, give location)				<u>0949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VICTORIA</u>			b. (Middle) <u>VENA</u>		c. (Last) <u>SNYDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March- 15, 1956</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-8, 1877</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Zeno Portell</u>			13b. MOTHER'S MAIDEN NAME <u>Sylvia Trokey</u>		14. NAME OF HUSBAND OR WIFE <u>George Snyder</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 <u>Lois McClanahan</u>				ADDRESS <u>Rivermines, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdiaphragmatic Abscess</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
				ANTECEDENT CAUSES DUE TO (b) <u>Acute Suppurative Cholecystitis 5 days</u>					
				DUE TO (c) <u>Diabetes Mellitus 10 yrs.</u>					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease 5 yrs.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>585X</u>					20. AUTOPSY? YES <input 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)		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>May 26, 1955</u> to <u>March 15, 1956</u> , that I last saw the deceased alive on <u>March 15, 1956</u> , and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. Roth M.D.</u>				23b. ADDRESS <u>634 N. Grand St. Louis, Mo.</u>		23c. DATE SIGNED <u>3-22-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March-19-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Desloge Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>Desloge, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>MAR 23 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Murphy L. Sparks</u>				ADDRESS <u>Flat River, Mo.</u>	

(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 *Murphy L. L...*

Licensed Embalmer No. *47*

P. O. Address *St. Paul*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.