

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED DEC 18 1956

State File No. **43915**  
Registrar's No. **10810**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Adams</b>		
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>61 days</b>	c. CITY OR TOWN <b>Quincy</b>	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 <b>St. Louis Children's Hosp.</b>			e. STREET ADDRESS (If rural, give location) <b>69 South Granview 8120</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary Diane</b> b. (Middle) <b>Snow</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>11-24-56</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <b>7-11-56</b>	9. AGE (In years last birthday) <b>4</b>	IF UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Quincy, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Phillip Francis Snow</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Maloney</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>St. Boston 500 S. Kings Highway</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congenital Heart Disease</b> DUE TO (c) _____				From birth
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>754.4</b>				
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) _____	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>9-24-1956</b> , to <b>11-24-1956</b> , that I last saw the deceased alive on <b>11-24-1956</b> , and that death occurred at <b>8:30 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>J. J. Wohltman, M.D.</b>			23b. ADDRESS <b>Children's Hospital</b>		23c. DATE SIGNED <b>11-26-56</b>
24a. BURIAL OR CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-26-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Bartholomew Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Murrayville, Illinois.</b>		
DATE REC'D BY LOCAL REG. <b>NOV 26 1956</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.,</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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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..... NO EMBALM

*No Embalmer*  
Licensed Embalmer No.....

P. O. Address.....  
*No*

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.