

FILED DEC 20 1956

## STANDARD CERTIFICATE OF DEATH

State File No. **44397**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **500** Registrar's No. **2893**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Creve Coeur</b>		c. CITY OR TOWN <b>Creve Coeur</b> <b>4000</b>	
c. LENGTH OF STAY (in this place) <b>18 months</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Green Valley Nursing Home</b>		STREET ADDRESS (If rural, give location) <b>Rt. 1 Box 58</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>S.</b>	c. (Last) <b>Snyder</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 6, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 24, 1865</b>	9. AGE (In years last birthday) <b>91</b>	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) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Des Peres Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>John Snyder</b>	13b. MOTHER'S MAIDEN NAME <b>Marcena Gibson</b>	14. NAME OF HUSBAND OR WIFE <b>Mary B. Snyder</b>
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. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary B. Snyder</b> ADDRESS <b>Rt 1 Box 58 Creve Coeur</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		<b>45 MIN.</b>
	ANTECEDENT CAUSES		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		<b>10 years or more</b>
	DUE TO (c) <b>Arteriosclerosis generalized</b>		<b>10 years or more</b>
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma of Prostate</b>		<b>9 years.</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 1, 1952**, to **Dec. 6, 1956**, that I last saw the deceased alive on **Dec 5, 1956**, and that death occurred at **2:10 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert B. Doyle</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Creve Coeur, Mo.</b>	23c. DATE SIGNED <b>Dec. 7, 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 8 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fee Fee Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-7-56</b>	REGISTRAR'S SIGNATURE <b>Robert B. Doyle M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Collier Mortuary</b> ADDRESS <b>10123 St. Charles Rd</b>
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In. Robert Hughes <sup>Chgo</sup> Ballou & Oliver St. Rds. 1030-12  
or ~~name~~ H... F...  
H... 2 11

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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 Sheldon Collins

Licensed Embalmer No. 338

P. O. Address 10123 St. Chgo

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.