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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1957

STATE FILE NUMBER 34163 9054

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY Missouri

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. Pacific Hospital — Length of stay in 1b 40

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5228 Alabama — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Clarence Middle John Last Snyder

4. DATE OF DEATH Month 9 Day 28 Year 57

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Sept. 12, 1885

9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months 0 Days 16 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Clerk

10b. KIND OF BUSINESS OR INDUSTRY Retired 5 yrs.

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph F. Snyder

13b. MOTHER'S MAIDEN NAME Anna M. Schmidt

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 702-14-2066

17. INFORMANT Harry J. Willis Address Auburn, Illinois

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c) Senility

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Parkinsons disease

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 331X

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 57, to 9.28.57 and last saw ~~her~~ him alive on 9.28.57

Death occurred at 9.28.57 7:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD

22b. ADDRESS Mo Pac Hosp

22c. DATE SIGNED 9 28

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Oct. 1, 1957

23c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul

23d. LOCATION (City, town, or county) St. Louis (State) Missouri

24. FUNERAL DIRECTOR Francis J. Lahey ADDRESS 601 Madison Ave., Madison, Illinois

25. DATE RECD. BY LOCAL REG. SEP 28 57

26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Francis J. Lahey

Licensed Embalmer No. 2792

P. O. Address Madison

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.