

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46349

STATE FILE NUMBER

FILED JAN 13 1958

318

1003

12475

Registration District No. Primary Registration District No. Registrar No.

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN ST. LOUIS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN GRANITE CITY Inside Limits ⁰¹²⁵ Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DEPAUL HOSPITAL Length of stay in lb 1 DAY		d. STREET (If outside, give location) ADDRESS 1608 LINDELL AVE. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGIA SNELSON			4. DATE OF DEATH Month Day Year 12 24 1957
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 16, 1909
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY		9b. KIND OF BUSINESS OR INDUSTRY G.C. STEEL CO.	9c. AGE (In years last birthday) 48
10. USUAL RESIDENCE (City and state or country) KUHN, OKLAHOMA		11. BIRTHPLACE (City and state or country) U.S.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME GEORGE T. CHAPPEE	
14. MOTHER'S MAIDEN NAME FLORA BRIGGS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 330-18-0848		17. INFORMANT James Snelson Address 1608 Lindell Grand City, Ill.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rheumatic Heart Disease with Cardiac Failure DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4/6x			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan. 1953 to 12/24/57 and last saw her 12/23/57 ^{alive} dead on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 5:15 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert Potashnick M.D.		22b. ADDRESS 3720 Washington	
22c. DATE SIGNED 12/26/57		22d. ADDRESS EDWARDSVILLE, ILLINOIS	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 12-24-57	
23c. NAME OF CEMETERY OR CREMATORY SUNSET HILL		23d. LOCATION (City, town, or county) (State) EDWARDSVILLE, ILLINOIS	
24. FUNERAL DIRECTOR Frank Mercer ADDRESS Hearts City, Ill.		25. DATE RECD. BY LOCAL REG. DEC 27 '57	
26. REGISTRAR'S SIGNATURE Carl Smith MD		26. REGISTRAR'S SIGNATURE mds	

(Licensed Embalmer's Statement on Reverse Side)

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 *Charles E Mercer*.....

Licensed Embalmer No. *298*

P. O. Address *Granite Co*

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