

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019390
STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED MAY 23 1958 Registration District No. 3309 Primary Registration District No. 36050 Registrar's No.

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Rural-Portage township Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN St. Louis 20690 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION W eber Lake		d. STREET ADDRESS (If outside, give location) 1415-A Belt Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b 4 hrs.			

3. NAME OF DECEASED (Type or print) First Joseph Middle Last Snowden			4. DATE OF DEATH Month May Day 19 Year 1958			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 1901	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR IF UNDER 24 HRS. Months 4 Days 18 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pusher operator		10b. KIND OF BUSINESS OR INDUSTRY Granite City Steel Forest City, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Richard Snowden			14. MOTHER'S MAIDEN NAME Amanda Owens			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-15-5275		17. INFORMANT Address Mrs. Henrietta Snowden, St. Louis, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis			INTERVAL BETWEEN ONSET AND DEATH Several weeks
DUE TO (b) Hypertensive Arteriosclerosis			
DUE TO (c) 443X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 Month, Day, Year a. m. p. m.			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY St. Louis	STATE Missouri
21. I attended the deceased from 4-26-58 to 5-19-58 and last saw him alive on 4-26-58 Death occurred at 3:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) Charles E. Jones M.D.		22b. ADDRESS 706 Walton	22c. DATE SIGNED 5-20-58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 23, 1958	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery Berkley, Missouri	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS A.L. Beal Undertaking Co., St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. May 23-58	26. REGISTRAR'S SIGNATURE J. H. W. Mason

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0920
300
1-56

3660

JUN 12 1958

MAR 11 1958
JUN 9 1958

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 *Frank R. Amal*

Licensed Embalmer No. *4*

P. O. Address *St. Charles*

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.