

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035055
STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2403

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pine Lawn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pine Lawn 4150
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3838 Oakridge		Length of stay in lb 18 yrs.	d. STREET ADDRESS 3838 Oakridge
3. NAME OF DECEASED (Type or print) Carl		First Middle Last Snarrenberg	4. DATE OF DEATH Month 9 Day 16 Year 58
5. SEX Male	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 Aug. 4, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Estimator - Ret.		10b. KIND OF BUSINESS OR INDUSTRY Aircraft	11. BIRTHPLACE (City and state or country) Newport, Ky. 1
13a. FATHER'S NAME George Snarrenberg		13b. MOTHER'S MAIDEN NAME Sophia Busse	14. NAME OF HUSBAND OR WIFE Florine G. Snarrenberg
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. 497-10-7841	17. INFORMANT Address 3838 Oakridge Mrs. Florine G. Snarrenberg
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Sudden Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Hemorrhage DUE TO (c) 331X			INTERVAL BETWEEN ONSET AND DEATH 4 months
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 COUNTY STATE	
21. I attended the deceased from Aug. 5th 1958 and last saw him alive on Sept. 15th 1958 Death occurred at 9:45 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John A. Konzlman M.D.		22b. ADDRESS 6677 Blueway Rd.	22c. DATE SIGNED 9/17/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/18/58	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Mo.
24. FUNERAL DIRECTOR Drehmann-Harral		ADDRESS 1905 Union	25. DATE RECD. BY LOCAL REG. 9-17-58
26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.			

(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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. J. A. Konzelmann
6677 Delmar
Pa 1-0521

Hrs.

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 *Albert R. Thompson*

Licensed Embalmer No. *4237*

P. O. Address *St. Louis*

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.