

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011892

STATE FILE NUMBER

REG MAR 18 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 625

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Normandy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Delwood 4000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 10,117 Jett Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Newborn Baby Girl Middle Snodgrass Last Snodgrass			4. DATE OF DEATH Month 3 - Day 7 - Year 59			
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3 - 7 - 59	9. AGE (In years last birthday) Months 5 Days 43	IF UNDER 1 YEAR Months 5 Days 43	IF UNDER 24 HRS. Hours 5 Min 43
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Normandy, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert Lewis Snodgrass	13b. MOTHER'S MAIDEN NAME Rose Marie Shaper	14. NAME OF HUSBAND OR WIFE -
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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. -	17. INFORMANT Robert L. Snodgrass Address 10,117 Jett, Delwood, 21, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) premature birth		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) placenta abruptio		
DUE TO (c) inproper implantation in uterine area		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7615		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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

20d. INJURY OCCURRED WHILE AT <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 Delwood COUNTY St. Louis STATE Mo.
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21. I attended the deceased from Mar 6 - 1959 to Mar 7 - 1959 and last saw her alive on Mar 7th 1959 Death occurred at 240 Ave m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. J. Trefletta - Do. 2 (Degree or title)	22b. ADDRESS 1800A Lafayette Ave	22c. DATE SIGNED 3/6/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/9/59	23c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY	23d. LOCATION (City, town, or county) (Street) ST. LOUIS COUNTY Mo.
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24. FUNERAL DIRECTOR C.R. Lupton & Sons ADDRESS 7233 Delmar	25. DATE RECD. BY LOCAL REG 3-9-59	26. REGISTRAR'S SIGNATURE John C. Murphy, M.D./P
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Case Memory No.

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
Not Embalmed
J. Kepton Jr.

Licensed Embalmer No.

P. O. Address *St. Louis, Mo.*

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.