

ENDED

59-027397

STATE FILE NUMBER

Registration District No. 311 Primary Registration District No. 331 Registrar's No. 1952 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis						2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before death) a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN University City d. STREET ADDRESS 7333 Teasdale e. INSIDE LIMITS Yes [X] No [] f. RESIDE ON FARM Yes [] No [X]									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City Length of stay in lb YRS															
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7333 Teasdale, Inside Limits Yes [X] No []															
3. NAME OF DECEASED First Middle Last Jessie Maude Snider Type or print)						4. DATE OF DEATH Month Day Year July 17, 1959									
5. SEX female		6. COLOR OR RACE white		7. Married [] Never Married [] Widowed [X] Divorced []		8. DATE OF BIRTH 3/18/1870		9. AGE (last birthday) 89		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher						10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pike County Mo.				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Harrison Barnard						13b. MOTHER'S MAIDEN NAME Druscilla Horn				14. NAME OF HUSBAND OR WIFE George W. Snider					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none						16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. H.S.Kline 7333 Teasdale							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:														INTERVAL BETWEEN ONSET AND DEATH 24 hours	
IMMEDIATE CAUSE (a) Cerebral Hemorrhage															
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis															
DUE TO (c) Hypertension															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility												PART III. If deceased was female was there a pregnancy in last 90 days [] Yes [X] No [] Unknown			
19. WAS AUTOPSY PERFORMED? YES [] NO [X]		20a. ACCIDENT SUICIDE HOMICIDE [] [] []		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 p.m.															
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 1951 to 7/17/59 and last saw her alive on 7/17/59 Death occurred at 10:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) John Rogers M.D.						22b. ADDRESS 608 Kingland				22c. DATE SIGNED 7/20/59					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 21, 1959		23c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery				23d. LOCATION (City, town, or county) State St. Louis County Missouri							
24. FUNERAL DIRECTOR ADDRESS C.R. Lupton and Sons 7333 Delmar						25. DATE RECD. BY LOCAL REG. 7-20-59		26. REGISTRAR'S SIGNATURE J.P. Murphy MD							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Clarence H. Munn

Licensed Embalmer No. 4011

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.