

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>7 days</b>	c. CITY OR TOWN <b>Rolla</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cardinal Glennon Memorial Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rolla, Mo.</b>	
3. NAME OF DECEASED (Type or print) First <b>Kenneth</b> Middle <b>Wayne</b> Last <b>Snodgrass</b>			4. DATE OF DEATH Month <b>August</b> Day <b>22</b> Year <b>1960</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-12-160</b>	9. AGE (last birthday) <b>10</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>10</b> Hours <b>10</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and state or country) <b>Rolla, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Harvey Allen Snodgrass</b>			13b. MOTHER'S MAIDEN NAME <b>Verna Goettling</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wgt or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>H.A. Snodgrass</b> Address <b>Owensville, Mo.</b>	

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
IMMEDIATE CAUSE (a) <b>PNEUMONIA, BILATERAL</b>			
DUE TO (b) <b>ASPIRATION OF GASTRIC CONTENTS</b>			
DUE TO (c) <b>ESOPHAGEAL ATRESIA, TRACHEOESOPHAGEAL FISTULA</b>			<b>CONGENITAL</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>756.2</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <b>756.2</b>	
20c. TIME OF INJURY Hour <b>5:00</b> Month, Day, Year <b>AUGUST 14</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Rolla, Mo.</b>	COUNTY <b>Phelps</b>	STATE <b>Missouri</b>
--	---	----------------------	-----------------------

21. I attended the deceased from **AUGUST 14** to **AUGUST 22** and last saw **him** live on **AUGUST 21**  
 Death occurred at **5:00** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Robert H. Jarley, M.D.</b> (Degree or title)	22b. ADDRESS <b>1465 S. GRAND BLVD. ST. LOUIS 4, MO.</b>	22c. DATE SIGNED <b>8-22-60</b>
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>8-23-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Snodgrass Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Maries County, Mo.</b>
--	-------------------------------	---	--

24. FUNERAL DIRECTOR <b>Gottenstroeter F. Home</b> ADDRESS <b>Owensville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>AUG 22 1960</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>
--	--	--

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  
or by NO EMBALMING Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Miguel H. H. [Signature]

Licensed Embalmer No. 383

P. O. Address OWENSON

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.