# SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-019947

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1299

FILED MAY 22 1961

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON — Length of stay in 1b: 6 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY HOSPITAL — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY St Louis
c. CITY OR TOWN WELLSTON — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 6448 SPENCER PL. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Irl Middle H Last Snell
4. DATE OF DEATH: Month May Day 9 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-21-93
9. AGE (last birthday): 68 — 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): WATCHMAN
10b. KIND OF BUSINESS OR INDUSTRY: FACTORY
11. BIRTHPLACE (City and state or country): GREENVILLE, ILL.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: ROBERT J. SNELL
13b. MOTHER'S MAIDEN NAME: NANCY JANE ROOT
14. NAME OF HUSBAND OR WIFE: CLARA B. SNELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unk.
17. INFORMANT: CLARA B. SNELL — Address: 6448 SPENCER, PL.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Traumatic injuries, multiple (leg, vision)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Automobile accident on 5-3-61
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Rheumatic heart disease c̄ mitral stenosis & old pericarditis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 333
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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 5-3-61, to 5-9-61 and last saw ~~her~~ him alive on 5-9-61
Death occurred at 12:55 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John E. Oakley, M.D.
22b. ADDRESS: 601 S. Brentwood, Clayton, Mo
22c. DATE SIGNED: 5-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5-11-61
23c. NAME OF CEMETERY OR CREMATORY: LAUREL HILL
23d. LOCATION (City, town, or county) (State): ST. LOUIS. CO. MO.

24. FUNERAL DIRECTOR: J. W. CLARK — ADDRESS: 1125 HODIAMONT
25. DATE RECD. BY LOCAL REG.: 5-9-61
26. REGISTRAR'S SIGNATURE: John C. Murphy Md.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

**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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamon

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.