

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008769
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2119**

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 7 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		d. STREET ADDRESS (If outside, give location) 4036 (Rear) N. Broadway.	

3. NAME OF DECEASED (Type or print) First Henry Middle A. Last Snyder			4. DATE OF DEATH Month February Day 10 Year 1962			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/3//1882	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired welder		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas.		
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		
14. NAME OF HUSBAND OR WIFE Mary		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. Nil.		17. INFORMANT Leo Williams, 1308 Warren, St.				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Shock; Multiple injuries; Complete severance of the Thoracic Spine, suffered when struck by car operated by one Norman M. Shay in vicinity of Broadway and Wemen about 7:15 P.M. 2-10-62.**

INTERVAL BETWEEN ONSET AND DEATH

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
accident.

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

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) See above
20c. TIME OF INJURY Hour 7:15 a.m. p.m. Month, Day, Year 2-10-62		

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.) 26 sheet	20f. CITY, TOWN, OR LOCATION St. Louis, Mo	COUNTY	STATE
---	---	--	--------	-------

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Leo Williams</i>	(Degree or title)	22b. ADDRESS 1300 Clair	22c. DATE SIGNED 2-2-62
---------------------------------------	-------------------	-----------------------------------	-----------------------------------

23a. BURIAL, CREMATION, or REMOVAL (Specify) Removal	23b. DATE 2-23-62	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
--	-----------------------------	---	--

24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington,	ADDRESS	25. DATE RECD. BY LOCAL REG. FEB 21 1962	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
---	---------	--	--

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

DATE AMENDED

ITEM NO. SHOULD READ

VS 300 Rev. 4/59

1

2 **22/62**

3

4 **0**

5 **2**

6

7 **1**

8 **1**

9 **X**

10

11 **000**

12 **91-3**

13

91

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

Melvin L. Kemper

Licensed Embalmer No.

4052

P. O. Address

*4911 Washington
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.