

OCT 26 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35321

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1123
 (b) Township Carondelet Primary Registration District No. 6248A Registered No. 371
 (c) City Lemay, Mo. (d) Street No. 228 Little Broadway St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LENA SNASDELL (NEE DAMMANN)

(a) Residence, No. 3825 Sherman Place St. St. Louis
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF John Snasdell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 4 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Mountain, Missouri

13. NAME Herman Dammann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Catherine Reiser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) George Snasdell
200 Courtland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Belleme Valley DATE Sept. 13 1937
Iron Co., Mo.

19. FUNERAL DIRECTOR (ADDRESS) Truth Center Mortuary
4024 Lindell Blvd.

20. FILED Sept. 11 1937 A. Mowrey
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-7, 1937 to 9-10, 1937

I last saw her alive on 9-10, 1937. Death is said to have occurred on the date stated above, at 12:30 PM.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) J. O. Jones M.D.
 (Address) 3616 S. Bulky

Dr. Tapa

Old Mansions Rd

Dr. T

9441 Edgar

Van Nuys, Cal

STATEMENT BY LICENSED EMBALMER

I, Ben N. Baldwin, Licensed Embalmer No. 2420

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ben N. Baldwin

L. E.

No. 2420 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Ben N. Baldwin

Licensed Embalmer No. 2420

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.)