REC'D JUL 12 1939

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

Do not use this space. 20381

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 5225

(c) City St. Louis 1 (d) Street No. 5351 Delmar Blvd. 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.

536

2. PRINT FULL NAME Mrs. Kate Beck Snyder

(a) Residence, No. 5351 Delmar Blvd. St. 12
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas A. Snyder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY) Franklin County 1

FATHER

13. NAME Louis Burnett 9

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) 9

MOTHER

15. MAIDEN NAME Elizabeth Crutchfield

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

17. INFORMANT (Mrs.) Wilmoth Waller
(ADDRESS) 5351 Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE June 12, 1939

19. FUNERAL DIRECTOR Wm. Schumacher
(ADDRESS) 3013 Meramec St.

20. FILED JUN 10 1939 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 29, 29, 19..., to June 9, 1939, 19...

I last saw her alive on June 8, 1939, 19... Death is said to have occurred on the date stated above, at 1.45 A. M.

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

	Date of onset
Coronary Thrombosis	2days
Other contributory causes of importance:	
Chronic Interstitial Nephritis	2 yrs

Name of operation ---------- Date of -----

What test confirmed diagnosis? Phy. Ex. 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) Dolan Cameron M. D.

(Address) 508 N. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

30M-P20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Clarence J. Rochow, Licensed Embalmer No. 3093

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Clarence Rochow

Licensed Embalmer No. 3093

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.)