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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 123

FEB 25 1941

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 123

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS, MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1519
(If outside city or town limits, write "RURAL")

(d) Street No. 3970 Randell 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LEATHA SNYDER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CHARLES SNYDER

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased DECEMBER 4, 1887
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53	1	3	hr. min.

9. Birthplace / Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name JOHN WHITE
13. Birthplace KENTUCKY /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LIZZIE MOORE
15. Birthplace KENTUCKY /
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Snyder
(b) Address 3970 Randell

17. (a) Removal (b) Date thereof 1-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Portsmouth Ohio

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 St. Louis Mo

19. (a) JAN 7 1941 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 6 year 1941 hour 12:0 minute 0 M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	
Fibrosis of Myocardium	
Due to Nephrosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas F. Callan (M. D. or other)
Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.