DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MO FEB 25 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 670

Primary Registration District No. 1003

Registrar's No. 670

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1306 Pestalozzi Street
(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 2411
(If outside city or town limits, write "RURAL")

(d) Street No. 1306 Pestalozzi Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Margaret Snyder

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Phil Snyder

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August (Month) 3 (Day) 1869 (Year)

8. AGE: Years 71 Months 5 Days 15 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

FATHER
12. Name Andrew Wachter
13. Birthplace 4 Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace 4 Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Phil Snyder
(b) Address 1306 Pestalozzi Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Old S. S. Peter & Paul Cem.

18. (a) Signature of funeral director Wm. J. Robert
(b) Address 1905 So. Grand Blvd.

19. (a) JAN 21 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18 year 1941 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov 21, 1935, to Jan 18, 1941; that I last saw her alive on Jan 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	15 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Influenza	6 days.

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? —
While at work? — (Specify type of place) (e) Means of injury —

23. Signature Martin Gudan (M. D. or other) MD
Address 3903 Olive St Date signed 1/21/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

REV. 3-17-39 I X19511

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

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 this body is not embalmed, above space should be left blank.