

S. No. 2  
-11-10-39  
5-17-39  
P1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **5473**  
Registrar's No. **1721**

FILED MAR 25 1941  
Registration District No. **791**

Primary Registration District No. **1003**

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:  
**Lutheran Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **Life**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **171**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **7511 Pennsylvania ave.** **9**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

8. (a) PRINT FULL NAME **Anna Snyder**

8. (b) If veteran, name war **None** 8. (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 **John H. Snyder** 6. (c) Age of husband or wife if alive **82** years

7. Birth date of deceased **February 21 1874**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **11** Days **29** If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **William Feldmann**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Marie Vonderheide**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Geo. Snyder**  
(b) Address **7511 Pennsylvania ave.**

17. (a) **Cremation** (b) Date thereof **Feb. 24, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **C. Hoffmeister & Co.**  
(b) Address **7814 S. Broadway**

19. (a) **FEB 24 1941** (b) **J. N. Bredede**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **20**  
year **1941** hour **7** minute **10** p.m.

21. I hereby certify that I attended the deceased from **Feb 10<sup>th</sup>** 19**41** to **Feb 20<sup>th</sup>** 19**41**; that I last saw her alive on **Feb 20<sup>th</sup>** 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death  
**Hypertensive Heart Disease**  
Due to **Arteriosclerosis**  
**Chronic Nephritis**  
Due to **Hypertension**  
**Myocarditis**

Other conditions (include pregnancy within 3 months of death) **MI**  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **MI**

23. Signature **Arvid S. Lem** (M. D. or other) **ML**  
Address **2637 S. Kingshighway** Date signed **2/22/41**

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

0799

JUL 10 1941

26328 1st Georgetown

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 Edwin J. Lebriger  
Licensed Embalmer No. 4049  
P. O. Address 6464 Chippendale

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.