S. No. 2
—11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29285

Registration District No. 284 Primary Registration District No. 101 Registrar's No. 1680

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 738 S. Hanley, Rd. / (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Clayton, (If outside city or town limits, write "RURAL") 2

(d) Street No. 738 S. Hanley Rd. (If rural, give location) 3

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

3. (a) PRINT FULL NAME HOMER SIMPSON SNOW.

3. (b) If veteran, name war none

3. (c) Social Security No. 489-18-8264

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Florence Swearingen

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept. (Month) 30, (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	10	9	hr. min.

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

10. Usual occupation V.P.Traffic,

11. Industry or business American Zinc, Lead&Smelting Co.

FATHER
12. Name Nelson Homer Snow.
13. Birthplace Worcester, (City, town, or county) / Mass. (State or foreign country)

MOTHER
14. Maiden name Mary Simpson
15. Birthplace unknown (City, town, or county) / Indiana (State or foreign country)

16. (a) Informant Mrs. Florence Snow.

(b) Address 738 S. Hanley Rd.,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum.

18. (a) Signature of funeral director C.R.LUPTON & SONS.

(b) Address 7233 Delmar, Blvd,

19. (a) AUG 10 1941 (Date received local registrar) (b) E. G. McGovran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9 year 1941 hour minute 8 45 a.M.

21. I hereby certify that I attended the deceased from , 19 , to Aug 9, 1941 that I last saw him alive on Aug 8, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Aortic aneurysm (Art. Sclerotic)	3 mos
Due to: Arterio Sclerosis	5 yrs
Hypertension	5 yrs
Due to	
Other conditions: Cholecystitis (Include pregnancy within 3 months of death)	5 yrs

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 [signature] (M. D. ~~or other~~) 0

Address 3720 Washington Date signed 8-9-41

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 1941

5720 Washington
JE 4515

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 Bradford A. Mile

Licensed Embalmer No. 2901

P. O. Address St Louis. Mo

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

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