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No. 2
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5-17-39
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **30361**
Registrar's No. **7702**

Registration District No. **794** Primary Registration District No. **1**

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17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos 4 Days
(Specify whether 0)
In this community 0
years, months or days

3. (a) PRINT FULL NAME Grace Snyder
3. (b) If veteran, name war No.
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife R.L. Snyder
6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased March 6 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 15
If less than one day hr. min.

9. Birthplace New Jersey
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business
12. Name Tommy Thomas
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Wittkoetter
(b) Address 2242 Howard St.
17. (a) Removal (b) Date thereof 9-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paragould, Ark
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) SEP 24 1941 (b) J. P. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2242 Howard St 20
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 21,
year 1941 hour 7:30 minute P. M.
21. I hereby certify that I attended the deceased from July
8, 19 41 to September 21, 19 41
that I last saw her alive on September 21, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis
generalized
primary undetermined
Due to h
Due to h
Other conditions (Include pregnancy within 3 months of death) h

Major findings:
Of operations h
Of autopsy h
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 J. P. Budeck (M. D. or other) 0
Address 1515 Lafayette Ave. Date signed 9/22/41

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 W. Wilkinson
Licensed Embalmer No. 3575
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, fact should be so stated above.