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M-5-42  
v. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 9836

FILED MAR 11 1943

Registration District No. ....

Primary Registration District No. 101

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:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours 5 min.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town South Kinloch  
(If outside city or town limits, write "RURAL")

(d) Street No. Monroe & Scott  
(If rural, give location)

(e) Citizen of foreign country? Nos (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Baby Girl Snoddy

(b) If veteran, name war No

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22  
year 1942 hour 12:05 minute P. M.

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: 11 22 1942  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-22-42, 19\_\_\_\_, to 11-22-42, 19\_\_\_\_;  
that I last saw er alive on 11-22-42, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
				<u>6</u> hr. <u>5</u> min.

Immediate cause of death Respiratory Failure

Due to Pneumonia

Due to 6 month

Duration 6 hrs.

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation None

Major findings: Of operations \_\_\_\_\_

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

Of autopsy Pneumonia

12. Name James Snoddy

13. Birthplace Marshall Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Christina Jackson

15. Birthplace Moberly Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant E. J. ...

(b) Address St. Louis County Hosp.

17. (a) Crema (b) Date thereof 11-22-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis County Hosp.

18. (a) Signature of funeral director St. Louis Co. Hosp. ...

(b) Address 601 S. ...

19. (a) MAR 1 1943 (b) E. J. ...  
(Date received local registrar) (Registrar's signature)

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 ... (M. D. or other) \_\_\_\_\_  
Address St. Louis County Hosp. Date signed 11-23-42

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

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**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.....

Licensed Embalmer No.....

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.**

12/17/15 10:30 AM