

S. No. 2
M-2-43,
5-17-39
I X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12815

State File No. 4154
Registrar's No. 4154

ED MAY 12 1943
Registration District No. 319

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
4067 De Souty ave 1
(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 _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CLAUDE EMERY SNIDER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married. 2 divorced widower

6. (b) Name of husband or wife Late Laura Snider

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

7. Birth date of deceased April 7th 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 22
If less than one day hr. min.

9. Birthplace Parisville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Steamfitter

11. Industry or business retired 20 yrs.

12. Name Thomas Snider

13. Birthplace Unknown
(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 Claudia Snider

(b) Address 4067 De Souty Ave

17. (a) Burial (b) Date thereof 5-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director W. F. Meade

(b) Address 4228 So. Kingshighway, St. Louis

19. (a) MAY 8 1943 (b) J. F. Meade
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4067 De Souty ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
year 1943 hour _____ minute 20 A. M.

21. I hereby certify that I attended the deceased from Apr 30
_____ 1943 to May 1 1943

that I last saw him alive on Apr 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Sclerosis

Due to arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

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) (d) Means of injury

23. Signature Thomas M. Meade (M. D. or other)
Address 634 No grand Date signed 5/12/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

*Dr. Thomas M. Swartz 3-8-30
was Body.*

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 *Charles H. McDermott*
Licensed Embalmer No. *3024*

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.