

FILED OCT 13 318
 1943

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8687

1. PLACE OF DEATH:
 (a) County: _____
 (b) City or town: St. Louis, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: St. Louis
 (c) City or town: Ferguson,
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 321 Henquin Dr.
 (If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME: Alberta Louise Snyder
 3. (b) If veteran, name war: _____ No. 497-03-3038

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September day 25
 year 1943 hour 10 minute 20 P. M.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife: Robert E. Snyder
 6. (c) Age of husband or wife if alive: 31 years
 7. Birth date of deceased: 1916 Oct. 27
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 23, 1943, to September 29, 1943;
 that I last saw her alive on September 29, 1943;
 and that death occurred on the date and hour stated above.

8. AGE: Years 26 Months 22 Days 10 28 If less than one day hr. min.

Immediate cause of death: Pneumonia - Bronchial Duration 7 days
 Due to Bronchiectasis 12 yrs

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

Due to _____
 Other conditions: 107
 (Include pregnancy within 3 months of death)

10. Usual occupation: Housewife

11. Industry or business: _____

Major findings: _____
 Of operations: _____

12. Name: Harry W. Chrismer

13. Birthplace: St. Louis, Missouri.
 (City, town, or county) (State or foreign country)

14. Maiden name: Lila Mae Williams

15. Birthplace: St. Louis, Missouri.
 (City, town, or county) (State or foreign country)

16. (a) Informant: Robert E. Snyder

(b) Address: 321 Henquin Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/2/43.
 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Lebanon Cem.

18. (a) Signature of funeral director: A. M. White

(b) Address: Ferguson, Missouri.

19. (a) OCT 1 1943 (Date received local registrar's certificate) (b) J. F. Bredek (Registrar's signature)

Of autopsy: Bronchiectasis, Abscesses of lung + liver.

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: Melvin S. Goldman (M. D. coroner)
 Address: BARNES HOSPITAL Date signed: 9-29-43

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

20
 17
 9

096
 86
 NR. 2

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

L. M. White

Licensed Embalmer No. 3973

P. O. Address Herguson, Mo

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.