. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 791

FILED JAN 20 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 222

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Missouri Baptist Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 4005 Hartford St
(If rural, give location)

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

3. (a) PRINT FULL NAME Harry Lee Snell

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Grace E

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Aug (Month) 25 (Day) 1872 (Year)

8. AGE: Years 72 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Venice (City, town, or county) Ill (State or foreign country)

10. Usual occupation Accountant

11. Industry or business Wabash Railroad

FATHER
12. Name Unknown Snell
13. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Unknown Sherman
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs Grace Snell
(b) Address 4005 Hartford St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 9 (Day) 45 (Year)
(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway

19. (a) JAN 9 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1945 hour 7 AM minute M.

21. I hereby certify that I attended the deceased from Jan 5th, 1945 to Jan 7th, 1945
that I last saw him alive on Jan 7th, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency

Due to Lobar Pneumonia

Due to

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

Major findings:
Of operations None

Of autopsy None

Duration

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 Frank L Davis MD (M. D. or other)
Address 620 University Club Bldg Date signed 1/8/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Frank L Davis

Unit Chief

fe 4130

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 Frank Edwin D 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.