. S. No. 2
OM—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
FILED JAN 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 792

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 138

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1963 Alfred Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Jesse T. Snodgrass

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Clara Snodgrass

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July 17, 1991 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	5	18	hr. min.

9. Birthplace Hannibale (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Dining Car Conductor

11. Industry or business

FATHER
12. Name Wm. Snodgrass
13. Birthplace Don't Know 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Dyer
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Snodgrass
(b) Address 1963 Alfred Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) JAN 7 1945 (Date received local registrar) (b) J. F. Bridges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1945 hour 11 minute 15P. M.

21. I hereby certify that I attended the deceased from Oct 1944, 19..., to Jan 5, 1944 that I last saw him alive on Jan 5, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of right Hip joint

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 55

Major findings:
Of operations

Of autopsy

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 0

23. Signature R Hyland (M. D. or other)

Address 3503 Park Date signed 1-7-45

(Licensed Embalmer's Statement on Reverse Side)

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 Harry C. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.