S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24952

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1503

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Riverview Gardens
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9826 Lilac Dr.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Riverview Gardens
(If outside city or town limits, write "RURAL")
(d) Street No. 9826 Lilac Dr.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James G. Snavely

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Mintie E. Snavely nee Brown

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May 23, 1873 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	1	23	hr. min.

9. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name John Snavely
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Julia Mustard
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Mrs Mintie E. Snavely
(b) Address 9826 Lilac Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/46 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) 7-17-46 (Date received local registrar) (b) E G McGavran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16, year 1946 hour 4:53 P.M. minute M.

21. I hereby certify that I attended the deceased from May, 1946, to July 16, 1946 that I last saw him alive on July 16, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. myocarditis	6 yrs +
Arteriosclerosis - Nephrosclerosis	10 yrs +
Due to	
93 d	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 Albert J. Sauvinel (M. D. or other) M.D.
Address 8363 - Halls Ferry Rd Date signed 7/17/46

(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, Gustav W. Dietel

Licensed Embalmer No. 4329

P. O. Address St. Louis, 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.