

Registration District No. **318**

Primary Registration District No. **1003**

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. Anthonys Hospital
(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
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. 5224a Delor St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Virginia Marie Snow

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife William Snow 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased: Aug 9 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 0 2 hr. _____ min.

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

10. Usual occupation House Work

11. Industry or business _____

12. Name Walter Forchee

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

14. Maiden name Estelle Forchee

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

16. (a) Informant William Snow

(b) Address 5224a Delor St.

17. (a) Burial (b) Date thereof 8-14-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kingshouse Mortuary

(b) Address 4228 S. Kingshighway

19. (a) AUG 12 1946 (Date received by registrar) J. F. Bredenkamp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1946 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from Mar 15, 1946 19____ to Aug 11 1946;

that I last saw h.s. alive on Aug 11 1946;

and that death occurred on the date and hour stated above.

Immediate cause of death: Massive Hemorrhage into Duration
lt. cerebral Hemisphere due to rupture hours
of mycotic aneurysm

Due to Staphylococcus viridans and about
condition superimposed on 2 mo.
chronic rheumatism of

Due to central stenosis of several
origin. years

Other conditions: delivered live female fetus

(Include pregnancy within 3 months of death)

Major findings: Full term on 8/10/46

Of operations: none

Of autopsy: same as above - 96

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) no

(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 _____

Signature Wm J. Wolawa (M. D. or other)

Address 3204 W. Washington Ave Date signed 8/12/46

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

27932

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 *Richard W. Storrsand*

Licensed Embalmer No.....

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.