

**FILED JAN 7 1948**

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:  
City Infirmery  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 yrs., 6 mos., 6 days  
(Specify whether  
In this community 29 years  
years, months or days)

3. (a) PRINT FULL NAME SNIPES, MARY

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

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

8. AGE:	Years	Months	Days	If less than one day
<u>abt - 74</u>	<u>?</u>	<u>?</u>	<u>?</u>	hr. min.

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

10. Usual occupation..... Laundry and Housework

11. Industry or business.....

12. Name..... Unknown

13. Birthplace..... Mississippi  
(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... ?  
(City, town, or county) (State or foreign country)

16. (a) Informant City Infirmery records

(b) Address 5800 Arsenal Street

17. (a) burial (b) Date thereof 12-26-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Dale

18. (a) Signature of funeral director Allen Dale

(b) Address 3506 Franklin

19. (a) DEC 26 1948  
(Date received local registrar) (Registrar's signature)

**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. 5800 Arsenal Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 22nd,  
year 1946 hour 6:10 minute A. M.

21. I hereby certify that I attended the deceased from July 2nd,  
1945 to December 22, 1946.  
that I last saw him alive on December 22, 1946.  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Arteriosclerotic cardio vascular  
nephrotic syndrome 1932 plus

Due to.....

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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) (c) Means of injury.....

23. Signature Phyllis Prueger Bowlish (M. D. of State)

Address City Inf. Date signed 1/22

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

15317  
4  
0

151 a

MOTHER FATHER

**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

*James A. [Signature]*

Licensed Embalmer No. *35-22*

P. O. Address *3508 Frank*

**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.**