

FILED JAN 27 1947

Primary Registration District No. **1003**

Registrar's No. **544**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6200 Magnolia Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 080
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6200 Magnolia Ave.
(If rural, give location) 3 17
(e) Citizen of foreign country? _____ (Yes or No) 9
If yes, name country _____ 10

3. (a) PRINT FULL NAME Theodore V. Snow
3. (b) If veteran, name war None
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 15th
year 1947 hour 9:45 minute _____ P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Catherine
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 29 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 23, 1946, to Jan 15, 1947, that I last saw him alive on Jan 10, 1947, and that death occurred on the date and hour stated above.

AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death Myocarditis Chronic
Nephritis Chronic
Duration Not Known
Due to _____ Not Known

9. Birthplace Beardstown Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation Pattern Maker
11. Industry or business Scullin Steel Co.

Due to _____
Due to _____
Other conditions asthma
(Include pregnancy within 3 months of death) Not Known

MOTHER FATHER
12. Name Unknown Snow
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Robert Fisher
(b) Address 6200 Magnolia Ave.
17. (a) Burial (b) Date thereof 1 18 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery

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? _____

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) JAN 17 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. F. Bredek (M. D. or other) _____
Address 2805 a GRAVOIS Date signed 1/16/47

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 Estimé M. Hermant

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.