V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 8 31 1947

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26080
Registrar's No. 7180

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

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: 1228 Shawmut Palce /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1228 Shawmut Place 9
(If rural, give location)
5
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME EMMA M. SNYDER
3. (b) If veteran, name war Nil
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife John W.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March 12, 1870 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	4	19	..... hr. ..... min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation House-wife
11. Industry or business At Home
MOTHER FATHER
12. Name Henry Kropp
13. Birthplace ? (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name unknown
15. Birthplace ? (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Emma Barrioz
(b) Address 5609a Page Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cemetery
18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) AUG 1 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 31 st
year 1947 hour 6:50 minute a.m.
21. I hereby certify that I attended the deceased from 11-13-42 ....., 19....., to 7-30-47 ....., 19.....;
that I last saw her alive on 7-30-47 ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Hypertension	5 yrs
Due to Arteriosclerosis	15 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 James A. Sullivan (M. D. ~~or other~~)
Address 2564a Vincent Pl Date signed 8-1-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. James A. Sullivan
2864a No. Union Bl.

Mu. 4422

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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.