

FILED JAN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

3110

Registration District No. **318**Primary Registration District No. **1003**Registrar's No. **4**

## 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:  
DePaul  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Month  
 (Specify whether \_\_\_\_\_)  
 In this community 47 Years  
 years, months or days

3. (a) PRINT FULL NAME: ANNA MARGARET SNYDER3. (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 Widowed  
 6. (b) Name of husband or wife Joseph Snyder  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased December 22 1860  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 0 9 hr. min.9. Birthplace: Columbia Illinois  
 (City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business At Home

MOTHER FATHER  
 12. Name Jacob Schmitz  
 13. Birthplace Unknown Germany 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Theresa Eck  
 15. Birthplace Unknown Germany 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Betty Willis  
 (b) Address Bruner City, Ill.  
 17. (a) Burial (b) Date thereof Jan. 3 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Harry J. Willis  
 (b) Address Auburn, Illinois  
 19. (a) JAN 2 1948 (b) J. P. Brennan  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 03-0  
 (c) City or town St. Louis 17  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5228 Alabama 9  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1  
 year 1948 hour 8 minute 04 A.M.21. I hereby certify that I attended the deceased from 12/15, 1947, to Jan. 1, 1948  
 that I last saw her alive on Dec. 31, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis - Failure Duration \_\_\_\_\_  
 Due to Cardio Vascular Disease  
 Due to al disease

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? 0

While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature H. Hayden (M. D. or other) 221  
 Address 5899 DePaul Date signed 1/2/48

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

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.....

*Harry J. Wells*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Harry J. Wells*

Licensed Embalmer No. *3787*

P. O. Address *Lebanon, Del*

**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.**