

FILED FEB 2 1949 STANDARD CERTIFICATE OF DEATH

State File No. 3288
834
Registrar's No.

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 20 | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | d. STREET ADDRESS (If rural, give location) 3650 W YOMING ST. | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3650 W YOMING ST. | | | | d. STREET ADDRESS (If rural, give location) 3650 W YOMING ST. | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ADA b. (Middle) _____ c. (Last) SNYDER | | | 4. DATE OF DEATH (Month) (Day) (Year) JAN. 27 - 1949 | | | | | | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH OCT. 31 - 1876 | | | |
| 9. AGE (In years last birthday) 72 | | 10. UNDER 1 YEAR Months _____ Days _____ | | 11. UNDER 24 HRS. Hours _____ Min. _____ | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER | | 10b. KIND OF BUSINESS OR INDUSTRY OWIN | | 11. BIRTHPLACE (State or foreign country) TERRE HAUTE INDIANA | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME CHARLES STUEMPELE | | | 13b. MOTHER'S MAIDEN NAME FRANCES UNK | | 14. NAME OF HUSBAND OR WIFE JESSE H. SNYDER | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS JESSE H. SNYDER 3650 Wyoming St | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoptosis pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thromboplegia</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>7 days</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>38</u> , to <u>Jan 27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 27</u> , 19 <u>49</u> , and that death occurred at <u>2:30 P. m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Fred Kramer M.D.</u> (Degree or title) | | | 23b. ADDRESS <u>634 N Grand</u> | | | 23c. DATE SIGNED <u>1-28-49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>JAN. 29 - 49</u> | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) <u>TERRE HAUTE - INDIANA</u> | | | |
| DATE REC'D BY LOCAL REG. <u>1-28-49</u> | | REGISTRAR'S SIGNATURE <u>J. D. Cassiter</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Schuur 3125 Lafayette Av</u> | | | | | |

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

STATEMENT BY LICENSED EMBALMER

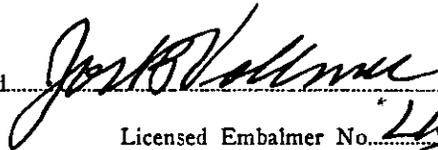
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 21014

P. O. Address 3125 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.