

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11085**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **494**

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Marion		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo		c. LENGTH OF STAY (in this place) 21 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Adm. Hospital			d. STREET ADDRESS (If rural, give location) 227 So. Beech		
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS		b. (Middle) E.	c. (Last) SNYDER		4. DATE OF DEATH (Month) (Day) (Year) February 25, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH January 26, 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Centralia, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Leander M. Snyder		13b. MOTHER'S MAIDEN NAME Sarah Cavender		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WW-T	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Registrar VAH,		ADDRESS Jefferson Barracks, Missouri
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.	<p align="center">MEDICAL CERTIFICATION CARCINOMA OF STOMACH AND ESOPHAGUS DIRECTLY LEADING TO DEATH* (a) WITH METASTASIS</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 151+</p> <p>DUE TO (c) 468</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 2/23/49	19b. MAJOR FINDINGS OF OPERATION Total Gastrectomy				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 4, 19 49, to Feb. 25, 19 49, that I last saw the deceased alive on Feb. 25, 19 49, and that death occurred at 6:03 am., from the causes and on the date stated above.					
23a. SIGNATURE L. E. Stilwell (Degree or title) MD		23b. ADDRESS VAH, Jefferson Barracks, Mo.		23c. DATE SIGNED 2/25/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/25/49	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Centralia, Illinois		
DATE REC'D BY LOCAL REG. 2-25-49	REGISTRAR'S SIGNATURE Thurmond L. Lunge	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rindskopf Funeral Home, St. Louis, Mo.			

1949
MAY 14

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. 1010

working under my personal supervision.

Student
Student Embalmer

Signed

John Pettes
Licensed Embalmer No. 3880

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.