S. No. 300
v. 10.46

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3009
804

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY 318
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) HOME OF THE FRIENDLESS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2159
d. STREET ADDRESS (If rural, give location) 15 4431 S. BROADWAY

3. NAME OF DECEASED (Type or Print)
a. (First) KATE
b. (Middle) COMPTON
c. (Last) SNOWDEN

4. DATE OF DEATH (Month) (Day) (Year) JAN. 24, 1951

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH JAN. 20, 1872
9. AGE (In years last birthday) 79 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) JACKSON, MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM M. COMPTON
13b. MOTHER'S MAIDEN NAME ERNESTINE GOODWIN
14. NAME OF HUSBAND OR WIFE EUGENE A. SNOWDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS MRS. JONES 443I S. BROADWAY, ST. LOUIS, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Caecum — INTERVAL BETWEEN ONSET AND DEATH 6 mo

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 Metastasis to Liver

19a. DATE OF OPERATION Nov 20 1950
19b. MAJOR FINDINGS OF OPERATION General Carcinomatosis of abdomen
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
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) no m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 153X

22. *I hereby certify that I attended the deceased from* Oct, 1939, *to* Jan 24, 1951, *that I last saw the deceased alive on* Jan 22, 1951, *and that death occurred at* 6. P.M. *from the causes and on the date stated above.*

23a. SIGNATURE Chas G. Hindman (Degree or title) MD
23b. ADDRESS 3720 Washington
23c. DATE SIGNED 1/25/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JAN. 27, 1951
24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY
24d. LOCATION (City, town, or county) (State) 1200 LEMAY FERRY ROAD

DATE REC'D BY LOCAL REG. JAN 25 1951
REGISTRAR'S SIGNATURE J. B. Lasalen
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS C. HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA, ST. LOUIS, MO.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Harry J Schumacher

Signed.....
Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7814 S Broadway

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.