

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19061

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2133</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Saint Louis</u>		b. STATE <u>Missouri</u>		c. COUNTY <u>Saint Louis</u>		d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South Kinloch 4090</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South Kinloch</u>		c. LENGTH OF STAY (in this place) <u>9 yrs 9</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South Kinloch</u>		d. STREET ADDRESS (If rural, give location) <u>Carson Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GARSON HOSPITAL South Kinloch</u>				d. STREET ADDRESS (If rural, give location) <u>Carson Road</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Thomas</u>	b. (Middle) <u>Rally</u>	c. (Last) <u>Snaddy</u>	4. DATE OF DEATH (Month) <u>5</u> (Day) <u>19</u> (Year) <u>51</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasoid</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>2-22-1901</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>12</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Howard Cty</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>George Snaddy</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Phillip</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Alice Brown 30 Farland</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNK.</u>		16. SOCIAL SECURITY NO. <u>UNK.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARY ALICE BROWN</u> ADDRESS <u>30 Farland</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) <u>Chr myocarditis</u>				5-7-51 4-25-51 1948	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>none</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>48 IX</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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 <u>5-7-</u> , 1951, to <u>5-9</u> , 1951, that I last saw the deceased alive on <u>5-9-</u> , 1951, and that death occurred at <u>3:00 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ray Johnson M.D.</u>			23b. ADDRESS <u>Johnson MO</u>			23c. DATE SIGNED <u>5/10/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/14/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington BK</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Cty Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-11-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros. Fun Home Kinloch</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

2079  
A

---

---

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.....

*Edward Flynn*

Licensed Embalmer No. 4444

P. O. Address 4548 9<sup>th</sup> Page

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.