

JUL 2 - 1952

STANDARD CERTIFICATE OF DEATH

State File No. 22675

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5643

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give town) St. Louis c. LENGTH OF STAY (In this place) 7 d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, 2199 d. STREET ADDRESS (If rural, give location) 3907 Delmar Blvd. 3rd floor

3. NAME OF DECEASED a. (First) John b. (Middle) A c. (Last) Snyder

4. DATE OF DEATH (Month) (Day) (Year) June 14 1952

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 12, 1876 9. AGE (In years last birthday) 75

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Adv. Copy writer 11. BIRTHPLACE (State or foreign country) Rochester, N. Y. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Snyder

13b. MOTHER'S MAIDEN NAME Christina Baker

14. NAME OF HUSBAND OR WIFE Maude Stein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 258-18-8426

17. INFORMANT'S SIGNATURE OR NAME ADDRESS The Rev. David L. Voorhees, 3671 Wilmington

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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heat Stroke DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES [X] NO []

19a. DATE OF OPERATION

*19b. MAJOR FINDINGS OF OPERATION 000

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK []

21f. HOW DID INJURY OCCUR E9319

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 8:30 P.M., from the causes and on the date stated above. 46

23a. SIGNATURE Joseph M. ... (Degree or title)

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 6/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-18-52

24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery

24d. LOCATION (City, town, or county) (State) 4209 Bates St., St. Louis Mo.

DATE REC'D BY LOCAL REG. JUN 18 1952

REGISTRAR'S SIGNATURE J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.

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

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STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision.

Student Embalmer No.

No

Signed *Seliv J. Krupin*

Signed.....
Student Embalmer

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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.