

FILED JUL 22 1952

STANDARD CERTIFICATE OF DEATH

26350

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6702**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2167	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		j. STREET ADDRESS (If rural, give location) 16 4119 Hartford	

3. NAME OF DECEASED (Type or Print) a. (First) Hermann b. (Middle) D c. (Last) Snasdell			4. DATE OF DEATH (Month) (Day) (Year) July 7, 1952		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 3, 1884	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY Roofing	11. BIRTHPLACE (State or foreign country) Graniteville Mo. D	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Snasdell	13b. MOTHER'S MAIDEN NAME Lena Dammann	14. NAME OF HUSBAND OR WIFE Elsa Snasdell
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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. None	17. INFORMANT'S SIGNATURE OR NAME Elsa Snasdell	ADDRESS 4119 Hartford
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Art. Sclerosis DUE TO (c) Chr. Lymph. Leukemia		10 yrs. 5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 2040
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 11-1
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22. I hereby certify that I attended the deceased from **June 1, 1948** to **July 7, 1952**, that I last saw the deceased alive on **July 7, 1952**, and that death occurred at **11:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE Norman W. Drey M.D.	(Degree or title)	23b. ADDRESS 607 N. Grand	23c. DATE SIGNED 10 July 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/11/52	24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri
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DATE REC'D BY LOCAL REG JUL 10 1952	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J.L. Ziegenhein & Sons	ADDRESS 7027 Gravois
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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

W. G. Peterson

Licensed Embalmer No.

3767

P. O. Address

7027 Gravois

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.