

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8280**

FILED FEB 20 1953 REG. DIST. NO. **307** PRIMARY REG. DIST. NO. **590** Registrar's No. **447**

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Kinloch	c. LENGTH OF STAY (If in hospital) 2 1/2	c. CITY (If outside corporate limits, write RURAL and give township) 468-McGuire Kinloch	
d. FULL NAME OF HOSPITAL OR INSTITUTION 468 Mc Guire		d. STREET ADDRESS (If rural, give location) 468 Mc Guire	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) WEBSTER c. (Last) SNIDER			4. DATE OF DEATH (Month) (Day) (Year) Febrl, 1953		
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 22 April 1906	9. AGE (In years) (Month) (Day) 46	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Tuscaloosa, Ala		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John G. Snider	13b. MOTHER'S MAIDEN NAME Annie Clark	14. NAME OF HUSBAND OR WIFE Blanche Snider
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Blanche Snider, Kinloch, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		10 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c)		
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 332X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Minute)	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 **1-13 1953** to **1-28 1953**, that I last saw the deceased alive on **1-28 1953**, and that death occurred at **1 1/2 hrs** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. H. Weaner, M.D.	23b. ADDRESS 40 N. Florissant	23c. DATE SIGNED 2-2-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5 Feb 1953	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetary
		24d. LOCATION (City, town, or county) (State) Berkeley, Mo.

DATE REC'D BY LOCAL REG. 2-5-53	REGISTRAR'S SIGNATURE Hester R. Domb-M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyd Bros, Kinloch, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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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 by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Edward A. Flynn.....

Licensed Embalmer No. 4444

P. O. Address St Louis 13, Mo

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.