

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 17 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11008**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **5100 N. Broadway**
STREET ADDRESS (If rural, give location) **6401 N. Broadway** **2089**

3. NAME OF DECEASED a. (First) **Roy** b. (Middle) **V.** c. (Last) **Snyder** 4. DATE OF DEATH (Month) (Day) (Year) **Nov. 30 1954**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **Jan. 28 1896** 9. AGE (In years last birthday) **58** 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) **Foreman** 10b. KIND OF BUSINESS OR INDUSTRY **Bellefontaine** 11. BIRTHPLACE (City and State or Foreign Country) **Hannibal Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Not Known** 13b. MOTHER'S MAIDEN NAME **Not Known** 14. NAME OF HUSBAND OR WIFE **Irene Snyder**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **yes** (If yes, give year or dates of service) **WW I** 16. SOCIAL SECURITY NO. **489 03 8998** 17. INFORMANT'S SIGNATURE OR NAME **Irene Snyder** ADDRESS **6401 N. Broadway**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
ANTECEDENT CAUSES DUE TO (b) **Pulmonary Congestion**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) **Cardiac Hypertrophy**
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

18a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 (Month) (Day) (Year) (Hour) OF INJURY _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4343**

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 **12:15 p.m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) **Patricia Taylor Carver** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **12-3-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12/4/54** 24c. NAME OF CEMETERY OR CREMATORY **Bellefontaine Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **DEC 3 1954** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Buchholz Mortuary** ADDRESS **5967W. Florissant**

(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, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....
Wilfred H. Buchholz

Licensed Embalmer No.

P. O. Address.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**