

No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24403

State File No.

318

1003

5882

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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. LENGTH OF STAY (In this place) D.O.A.
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 St. Louis Children's Hosp STREET ADDRESS (If rural, give location) 5059 Waterman 2129

3. NAME OF DECEASED (Type or Print) a. (First) Brenda b. (Middle) Ann c. (Last) Snow
4. DATE OF DEATH (Month) (Day) (Year) 7-6-55

5. SEX Female 6. COLOR OR RACE w. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 8. DATE OF BIRTH Feb 3, 1955
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 5 IF UNDER 4 HRS. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and State or Foreign Country) Des Moines, Iowa 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Cameron Snow 13b. MOTHER'S MAIDEN NAME Anilene Wallace 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Johnston ADDRESS See S. Kingshighway

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) Cardiac arrest
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) ? myocardial infarction 6 hrs
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 _____ 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 OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 7544

22. I hereby certify that I attended the deceased from noon 1955, to 6 July, 1955, that I last saw the deceased alive on 6 July, 1955, and that death occurred at 8:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George Davis M.D. 23b. ADDRESS 457 N. Kingshighway 23c. DATE SIGNED 6 July 55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 7-7-55 24c. NAME OF CEMETERY OR CREMATORY Local 24d. LOCATION (City, town, or county) (State) Walnut Ridge, Arkansas

DATE REC'D BY LOCAL REG. JUL 7 1955 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington

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 Elmer R. Gadwell.....

Licensed Embalmer No. 40.....

P. O. Address H. L......

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.