

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29162**
Registrar's No. **6887**

FILED SEP 7 1956

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Wellston	
c. LENGTH OF STAY (in this place) 3hrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		e. STREET ADDRESS (If rural, give location) 8615 Hume Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Herbert b. (Middle) C. c. (Last) Snyder			4. DATE OF DEATH (Month) (Day) (Year) 7 - 23 - 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3 - 7 - 1893
9. AGE (In years last birthday) 63		10. MONTHS 63	11. HOURS 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus operator		10b. KIND OF BUSINESS OR INDUSTRY Public Service	
11. BIRTHPLACE (City and State or Foreign Country) Center, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George F. Snyder		13b. MOTHER'S MAIDEN NAME Nancy J. Davis	
14. NAME OF HUSBAND OR WIFE Ione Snyder		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. 494-01-1228		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ione Snyder, 8615 Hume Ave.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) mesenteric embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. acute pericarditis. acute gastritis.	
INTERVAL BETWEEN ONSET AND DEATH 2 days.		INTERVAL BETWEEN ONSET AND DEATH 2 days?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 570.2	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 June , 19 56 , to 7-23 , 19 56 , that I last saw the deceased alive on 7-23 , 19 56 , and that death occurred at 5PM m., from the causes and on the date stated above.			
23a. SIGNATURE A.K. Dinsel M.D.		23b. ADDRESS 1850 Kingshighway	
23c. DATE SIGNED 7-24-56		24a. BURIAL, CREMATION REMOVAL (Specify) Removal	
24b. DATE 7/27/56		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral	
DATE REC'D BY LOCAL REG. JUL 24 1956		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S ADDRESS 1905 Union Blvd.		3. P. (Licensed Embalmer's Statement on Reverse Side)	

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

Dr. Falk or Dr. Friskel
18 S. Kingshighway

Tue. 2-4
Wed. 2-6

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 *Albert R. Thompson*

Licensed Embalmer No. *723*

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.