

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003520

STATE FILE NUMBER

~~REG~~ JAN 27 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> c. CITY OR TOWN <u>East St. Louis</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis-Little Rock Hosp., Inc.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>1481 Henrietta Ave</u>
3. NAME OF DECEASED (Type or print) First <u>Martin</u> Middle <u>Luther</u> Last <u>Snyder</u>		4. DATE OF DEATH Month <u>January</u> Day <u>5</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 6, 1873</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		9b. AGE (In years last birthday) <u>85</u>	9c. IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
10a. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pacific R.R.</u>		11. BIRTHPLACE (City and state or country) <u>Monroe City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>702-19-0066</u>	17. INFORMANT Address <u>Victor Putnam 1481 Henrietta, E. St. Louis Ill.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GANGRENE RT ARM AND FOREARM</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>THROMBOSIS RT BRACHIAL ARTERY + VEIN</u> DUE TO (c) <u>454XII</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) <u>SQUAMOUS CELL CARCINOMA LEFT BUCCAL MUCOSA.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 days</u>
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>JAN 15, 1954</u> to <u>Jan. 5, 1959</u> and last saw <u>him</u> alive on <u>JAN 5, 1959</u> Death occurred at <u>12:20 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John T. Vanderer MD</u>		22b. ADDRESS <u>1755 So Grand</u>	22c. DATE SIGNED <u>1/6/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1-7-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Columbia Ill.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Brichler Funeral Home East St. Louis, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 6 '59</u>	26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

th, ifare ic vice 0 56 20 7E 0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by not embalmed, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard H. Reynolds
I/L Licensed Embalmer No. 40

P. O. Address 2216
East St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.