

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-022256

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5322** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 27 1963

1. PLACE OF DEATH
 a. COUNTY **St. Louis**
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **2 Wks.**
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Lukes Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY **St. Louis**
 c. CITY OR TOWN **Rock Hill** Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) **911 Blossom Lane** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Henry** Middle **Frank** Last **Snowden** 4. DATE OF DEATH Month **May** Day **17** Year **1963**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3/11/88** 9. AGE (last birthday) **75** IF UNDER 1 YEAR Months **2** Days **3** IF UNDER 24 HR Hours **3** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ret. Supr.** 10b. KIND OF BUSINESS OR INDUSTRY **Frazer-Davis Const.** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Frank Snowden** 13b. MOTHER'S MAIDEN NAME **Mary Ward** 14. NAME OF HUSBAND OR WIFE **Alma Snowden**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes** 16. SOCIAL SECURITY NO. **94** 17. INFORMANT **Alma Snowden, 911 Blossom Lane** Address **Rock Hill, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cerebral Thrombosis** INTERVAL BETWEEN ONSET AND DEATH **19 days**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cerebral Arteriosclerosis**
 DUE TO (c) **332X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II. of item 18.)

20c. TIME OF INJURY Hour **8 a.m.** Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION **Rock Hill** COUNTY **Mo.** STATE

21. I attended the deceased from **April 30, 1963** to **May 17, 1963** and last saw him alive on **May 16, 1963**. Death occurred at **9 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **H. B. Berndson, M.D.** 22b. ADDRESS **9751 Manchester Rock Hill 19 Mo** 22c. DATE SIGNED **5-17-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **5/20/63** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 23d. LOCATION (City; town, or county) **St. Louis, Missouri** (State)

24. FUNERAL DIRECTOR **Bopp Chapel 10610 Manchester Rd.** ADDRESS **Kirkwood, Mo.** 25. DATE RECD. BY LOCAL REG. **MAY 17 1963** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

VS 300 Rev. 4/59

1

240383

3

4

5

6

7

8

9

10

11

12 81-0

13

81

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Francis J. Myland Jr

Licensed Embalmer No. 4512

P. O. Address

Frederick, Md.

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.