

No. 2
12-45
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35616**
Registrar's No. **9136**

FILED NOV 7 1946
318

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **ST. LOUIS, MO.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4043 RUSSELL AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **MARSHALL Y. SNIDER**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. _____

4. Sex **MALE** **5. Color or race** **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **LATE ELODIE**

6. (c) Age of husband or wife if _____ **alive** _____ **years**

7. Birth date of deceased **OCT. 10 1867**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	0	13	_____ hr. _____ min.

9. Birthplace **CAPE GIRADEAU MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **MERCHANT (RETIRED)**

11. Industry or business **FOR SELF**

MOTHER FATHER

12. Name **JULIUS SNIDER** **7**

13. Birthplace **UNKNOWN** **7**
(City, town, or county) (State or foreign country)

14. Maiden name **SARAH J. WILSON**

15. Birthplace **UNKNOWN** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **JOHN W. SNIDER**

(b) Address **318 NO. 8th ST.**

17. (a) BURIAL **(b) Date thereof** **10 26 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW S/S PETER & PAUL CH.**

18. (a) Signature of funeral director **KRIEGSHAUSER UND.CO.**

(b) Address **4778 S. KINGSHIGHWAY BL.**

19. (a) OCT 25 1946 **J. F. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **0-00**

(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")

(d) Street No. **4043 RUSSELL AVE.** **179**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT.** day **23**
year **1946** hour **7:10** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Sept 6** 19**46** to **Oct 23** 19**46**
that I last saw him alive on **Oct 23-46** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Aneurysm**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations **no ops.**

Of autopsy **no autopsy**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

Means of injury _____

23. Signature **Paul Kriegshauser** (M. D. or other)

Address **3718 A Olive St. St. Louis** **10-25-46**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Edwin M. Demuth*.....

Licensed Embalmer No. *3024*.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.