

S. No. 2
OM-2.43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21397

Registration District No. 317

Primary Registration District No. 3069

State File No.

Registrar's No. 1716

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Richmond Heights, Mo.,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1031 Francis Place.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis,

(c) City or town Richmond Heights,
(If outside city or town limits, write "RURAL")

(d) Street No. 1031 Francis Place,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Alma Snider.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Female! 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Julius Snider. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 19, 1879.
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day

65. 9. 15. hr. min.

9. Birthplace Cobden, Illinois!
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

MOTHER FATHER { 12. Name Columbus A. Abernathy. /

13. Birthplace Neely's Landing, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Sifford.

15. Birthplace Anna, Illinois!
(City, town, or county) (State or foreign country)

16. (a) Informant James F. Snider.

(b) Address 1031 Francis Place,

17. (a) Burial.. (b) Date thereof 7/6/45.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Bly'd.

19. (a) 7-6-45 (b) P. H. M. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th,
year 1945. hour 11:00 A. minute A. M.

21. I hereby certify that I attended the deceased from June 7 1945 to July 4 1945
that I last saw her alive on July 3 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 6-7-45

Due to arterial sclerosis 83 1/2
Hypertension 4 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

PHYSICIAN _____
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) no

(b) Date of occurrence _____

(c) Where did injury occur? no
(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)

(e) Means of injury _____

Signature [Signature] (M. D. or other) no

Address 508 St. Louis Date signed 7/14/45

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

Dr Henry P. Thym
Metropolitan Bld'g.
JE: 4141.
Res: #6 Rhdgetop.
WY: 0072.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City -

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.