

1. PLACE OF DEATH a. COUNTY <b>Bexar</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Bexar</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>San Antonio</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>- Alamo Heights</b>	
d. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Santa Rosa Medical Center</b>		d. STREET ADDRESS (If rural, give location) <b>116 Wildrose Avenue</b>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) [a] First <b>Frank</b> [b] Middle <b>Elton</b> [c] Last <b>Snyder, Sr.</b>		4. DATE OF DEATH <b>January 5, 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>May 27, 1897</b>
9. AGE (In years last birthday) <b>64</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman Retired</b>	11. BIRTHPLACE (State or foreign country) <b>Texas</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Brewery</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Frank Snyder</b>		14. MOTHER'S MAIDEN NAME <b>Annie Lee Shane</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b> <b>WWI</b>		16. SOCIAL SECURITY NO. <b>450-07-4730</b>	
17. INFORMANT <b>Kate D. Snyder</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Brain tumor meningioma</b> DUE TO (b) _____ DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month _____ Day _____ Year _____			<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>TEXAS DEPARTMENT OF HEALTH</b>  <b>REC'D. JAN 24 1962</b>  <b>BUREAU OF VITAL STATISTICS</b> </div>
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 building, etc.)		
20f. CITY, TOWN, OR LOCATION STATE _____			
21. I hereby certify that I attended the deceased from <b>12-19-61</b> to <b>1-5-62</b> and last saw the deceased alive on <b>1-4-62</b> . Death occurred at <b>2:45 A.</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b>		22b. ADDRESS <b>1233 Nix Professional Bldg.</b>	
22c. DATE SIGNED <b>1-5-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>January 8, 1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Ft. Sam Houston National Cemetery</b>			
23d. LOCATION (City, town, or county) (State) <b>Ft. Sam Houston, Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	
25a. REGISTRAR'S FILE NO. <b>66</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>JAN 8 1962</b>	
25c. REGISTRAR'S SIGNATURE <b>[Signature]</b>			