

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

MAY 7 1936

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 5555 Cabanne Ave St. 5 Ward)

File No. 17782

Registered No. 4567

2. FULL NAME David O. Snyder

(a) Residence, No. 5555 Cabanne Ave St. 5 Ward. 5

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da.

yrs.

mos.

da.

How long in U. S., if of foreign birth? yrs. mos. da.

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora M. Snyder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14th 1861

7. AGE YEARS 75 MONTHS 3 DAYS 11 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dept. Mgr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm. Baer Fuller
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berryville, Va.

13. NAME Daniel C. Snyder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millwood Va.

15. MAIDEN NAME Rachael Louthan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millwood Va.

17. INFORMANT David O. Snyder (ADDRESS) 5555 Cabanne Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Va. DATE April 27th 1936

19. UNDERTAKER C. R. Lupton + Sons (ADDRESS) 4449 Olive St.

20. FILED APR 27 1936 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936, to April 25, 1936

I last saw h. alive on 4-25-36, 19..... Death is said to have occurred on the date stated above, at 3:10 p. m.

The principal cause of death and related causes of importance were as follows:

~~Myocarditis~~
Cardiovascular Renal Disease
Prostatitis
Other contributory causes of importance:
Myocarditis 1934

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify.....

(Signed) F. J. Kennedy M. D.

(Address) 835 Missouri Ave.

Grand Leader 10-12

10-12 10-12