

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

Do not use this space.

38581

**1. PLACE OF DEATH**

County..... Registration District No. 791 File No. ....  
 Township..... Primary Registration District No. 1003 Registered No. 11263  
 City St. Louis (No. ....) Barnes Hospital St. .... Ward

**2. FULL NAME** Snyder, Margaret

(a) Residence. No. 40 B. S. N. City, 44 St. 12 Ward. Gilson City, Ill  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael E Snyder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10 - 1857

7. AGE: YEARS 70 MONTHS 5 DAYS 6 If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY)

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs Geo Meyer  
 (Address) Edwardsville, Ill

15. FILED 17 1927 man Starceff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-15-1927

17. I HEREBY CERTIFY, That I attended deceased from 12-1, 1927, to 12-15, 1927 that I last saw h.E.R. alive on 12-15, 1927, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Melanocarcinoma of lung with metastases to liver  
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 49 47B  
46E  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Autopsy  
 (Signed) Geo Nesche, M. D.  
 , 19 (Address) Barnes Hosp.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Edwardsville Ill DATE OF BURIAL Dec 19 1927

20. UNDERTAKER Marks & Weber ADDRESS Edwardsville

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

10