

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

Do not use this space.

34627

1. PLACE OF DEATH

County St. Louis

Registration District No. 784

Township W. Ferdinand

Primary Registration District No. 6030

City Jennings, Mo.

(No. 8701 Orchard Ave.)

File No.

Registered No.

St. Ward

2. FULL NAME James Perry Snider

(a) Residence. No. 8701 Orchard Ave. St. Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Annie Snider

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/17/1866

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or min.

62

I

I

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Grocery

(b) General nature of industry, business, or establishment in which employed (or employer)

Self, Retired

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Do Not Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not Known

12. MAIDEN NAME OF MOTHER

Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not Known

PARENTS

14.

INFORMANT Mrs Annie E Snider
(Address) 8701 Orchard Ave.

15.

FILED Oct 19th 1928 O. R. Schmitt

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/18/28 19

17. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1928 to Oct 18th 1928 that I last saw him alive on Oct 16th 1928, and that death occurred, on the date stated above, at 5-30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
82 A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. B. Kinder, M. D.

Oct 19th 1928 (Address) 1422 North Taylor Ave

*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

DATE OF BURIAL

Valhalla Crematory 10-20-1928

20. UNDERTAKER

ADDRESS

Provoch and Co 3710 N. Grand

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.

THIS IS A PERMANENT RECORD

