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

Do not use this space.

38336

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10947

City St. Louis (No. 2819 Norwood Ave. St. ..... Ward)

2. FULL NAME Arnold J. Snyder

(a) Residence. No. 2819 Norwood Ave. St., 6 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence J. Snyder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 29, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	47	11	10	

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

9. BIRTHPLACE (CITY OR TOWN) Evansville
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Charles Snyder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Evansville
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Anna Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known

14. INFORMANT Mrs. Florence J. Snyder
(Address) 2819 Norwood Ave.

15. FILED NOV -9 1928 Alex C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1928, to Nov 8, 1928 that I last saw him alive on Nov 7, 1928, and that death occurred, on the date stated above, at 2:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency & Stenosis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 10 Ds

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) L. H. Hampshire, M. D.
11/9, 1928 (Address) 6 S. Metropolitan Bldg

*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 Friedens — DATE OF BURIAL Nov. 10 1928

20. UNDERTAKER Math. Hermann & Son — ADDRESS 3950 Carter Ave.

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.