

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

Do not use this space.

1060

1. PLACE OF DEATH

County Jefferson
Towship St. Louis
City St. Louis (No.)

Registration District No. 314
Primary Registration District No. 4190

File No.
Registered No. 6
St. Ward)

2. FULL NAME

Frederick Ellis Snider

(a) Residence. No. St. Ward.
(Usual place of abode)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-4-1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 6 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chief
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis MO
(STATE OR COUNTRY)

10. NAME OF FATHER Frederick Snider

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nevada Ia.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER May Neuffer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shidmore MO
(STATE OR COUNTRY)

14. INFORMANT Frederick W. Snider
(Address) St. Louis MO

15. Carl S. Beard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 1929
17.

I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929, to Jan 15, 1929, that I last saw him alive on Jan 15, 1929, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis due to ruptured appendix
12/11/28
129 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 11/10 (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) Jas. P. Crockett, M. D.
1/16, 1929 (Address) St. Louis, Mo

*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 St. Louis MO DATE OF BURIAL 1/16 1929

20. UNDERTAKER Latou F. Phillips ADDRESS St. Louis MO

JAN 22 1929
JAN 22 1929

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.

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1929
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Dr. Crockett