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

Do not use this space.

19313

JUN 28 1929

1. PLACE OF DEATH St. Louis
County (Venita Park)
Township N. Central
City Venita Pk. (No. 8017 Washington Ave. St. ..... Ward)

Registration District No. 189
Primary Registration District No. 603388

File No. .....
Registered No. 160

2. FULL NAME Ola Lucille Snell

(a) Residence. No. 8017 Washington St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. 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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF C. Leonard Snell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15, 1899

7. AGE: 29 Years 30 Months 6 Days 7 If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER Bouce Spurs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Louisiana
12. MAIDEN NAME OF MOTHER Willie Mae Bledsoe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Louisiana

14. INFORMANT C. Leonard Snell
(Address) 8017 Washington Ave.

15. FILED 5/23, 1929 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1929

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1927, to May 22, 1929 that I last saw her alive on May 22, 1929, and that death occurred, on the date stated above, at 8.10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A
10?
(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St. Louis Mo.
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X-Ray
(Signed) J. F. Bredeck, M.D.
5/23, 1929 (Address) 635 Missouri 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: Oak Grove Mausoleum
DATE OF BURIAL: May 24 1929

20. UNDERTAKER: Kriegshauser Und. Co.
ADDRESS: 4228 S. Kingshighway

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.