

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

Do not use this space.

3345 ~~2274~~ ~~3194~~

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 770)

Registration District No. 791
Primary Registration District No. 100%
Registered No. 843

File No.....
Registered No. 843
Ward)

2. FULL NAME

(a) Residence. No. 5848 Clemens St. 5 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 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) divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 8-1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>33</u>	<u>11</u>	<u>18</u>	

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

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

10. NAME OF FATHER Charles Snodgrass

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

12. MAIDEN NAME OF MOTHER Lucie Brings

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

14. INFORMANT H. C. Snodgrass
(Address) 5848 Clemens

15. FILED 26 19 Max C. Starkoff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929, to Jan 26, 1930
that I last saw h. as alive on Jan 26, 1930, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 10 P
Diffuse peritonitis
following rupturing
of cystic left kidney
Banigan (duration) 4 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) W.W. (duration) yrs. - mos. - ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 17-1930
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) W. M. Winn, M. D.
1/26, 1930 (Address) 413 W. Jefferson

*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 Moobly Mo DATE OF BURIAL 1-29 1930

20. UNDERTAKER Mahan & Son ADDRESS Moobly Mo

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.

235

REGISTRAR

91. 11. 1911