

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

Do not use this space.

37998

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **11152**

City **St. Louis** (No. **4043** Russell Bl.

St. Ward.

St. Ward)

2. FULL NAME

(a) Residence, No. **4043 Russell Bl.** St. **18** 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 Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar. 4, 1908**

7. AGE

YEARS

MONTHS

DAYS

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

22 8 20

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

**Salesman
J. L. G. Goods
St. Louis & others**

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Marshall E. Snider

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Unknown Medley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14. INFORMANT

(Address)

**Marshall E. Snider
4043 Russell Bl.**

15. FILED

Nov 25 1930

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov. 24 1930**

17. **No Physician in attendance**

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19....., that I last saw him alive on....., 19....., and that death occurred, on the date stated above, at **12:50 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxiation due to fumes gas

CONTRIBUTORY (SECONDARY)

Self Administered Suicide

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

John H. ... M.D.

11/24, 1930 (Address)

Deputy Coroner

*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

Cape Girardeau Mo

11-25 1930

20. UNDERTAKER

ADDRESS

Wiegshauser U. G. Manchester

Every item of information shown on this certificate is required by law. It is the duty of every citizen to furnish the same. Every item of information shown on this certificate is required by law. It is the duty of every citizen to furnish the same.

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