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

Do not use this space.

40676

1. PLACE OF DEATH

County St. Louis — Registration District No. 1160

Township St. Carondelet — Primary Registration District No. 4420

City St. Louis Mo. (or) University City 6901 S. OLIVE ST. ROAD. 2nd flr — File No. ____

Registered No. 120

JAN 22 1931

2. FULL NAME ANNA E. SNIDER.

(a) Residence. No. 6901 OLIVE STREET ROAD. St., Ward. (If nonresident give city or town and State)

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
FEMALE.	WHITE.	WIDOWED.

5a. If Married, Widowed, or Divorced
HUSBAND of (or) WIFE OF JAMES P. SNIDER.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/1/1869.

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	61	5	8	

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) RETIRED.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) LITCHFIELD.

(STATE OR COUNTRY) ILLINOIS.

PARENTS

10. NAME OF FATHER JOHN W. MOONEY.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) IRELAND.

12. MAIDEN NAME OF MOTHER CATHERINE CASEY.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) IRELAND.

14. INFORMANT Mrs Nellie White

(Address) 6901 S. Olive St.

15. FILED 12-10, 1930 Lena V. Moeller D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/9/30. 19

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1930, to December 9, 1930, that I last saw h. alive on December 8, 1930, and that death occurred, on the date stated above, at 1-20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(a) Cancer of Rectum.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF July 16-1930.

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Microscopical

(Signed) Walter R. Hewitt, M.D

, 19 (Address) 836-31 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	DATE OF BURIAL
PACIFIC, Mo. CATHOLIC CEM.	12/11/30
20. UNDERTAKER Provost Funeral Co	ADDRESS 3710 N. Grand

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.