

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

Do not use this space.

12418

File No. _____
Registered No. 3724
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis Mo. (No. 4338 Olive St.)

2. FULL NAME Mary J. Snyder

(a) Residence. No. 4338 Olive St. St. 19 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 14 - 1852</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>4</u>
	DAY <u>10</u>	IF LESS than 1. day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer). _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY) 2

PARENTS	10. NAME OF FATHER <u>John W. Beas</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	12. MAIDEN NAME OF MOTHER <u>Mary Percell</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>

14. INFORMANT Olma L. Snyder
(Address) 4338 Olive St.

15. FILED: 26 May 1931
REGISTRAR Ray E. Harkley

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 24 1931
17. I HEREBY CERTIFY, That I attended deceased from March 11th, 1931, to March, 1931, that I last saw hw alive on March 20th, 1931, and that death occurred, on the date stated above, at 12:15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
Chronic Myocarditis
Arteriosclerosis
(duration) _____ yrs. _____ mos. 9 ds.
CONTRIBUTORY (SECONDARY) Chronic Intestinal
Nephritis (duration) 21 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 131 93C
IF NOT AT PLACE OF DEATH _____
8. DID AN OPERATION PRECEDE DEATH? DATE OF _____
9. WAS THERE AN AUTOPSY? _____
10. WHAT TEST CONFIRMED DIAGNOSIS? Chemical & Laboratory
(Signed) E. Eugene Brown, M. D.
3/25, 1931 (Address) 4348 Olive.

*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 Valhalla Crematory DATE OF BURIAL Mar 26 1931
20. UNDERTAKER W. J. Leidner ADDRESS 1417 76th & Leiden

X. 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.

FEB 20 1951