

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.

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

Do not use this space.

3271

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City *St. Louis Mo.* (No.)Primary Registration District No. *Barner Hospital*

File No.

Registered No. *1045*

St. Ward

2. FULL NAME *Bryan William Snider*(a) Residence, No. *1308 E 17th St.* St. *12* Ward. *Murphy's 9th*

(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

Male

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

Gertrude Snider

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

April 22 1910

7. AGE

YEARS

21

MONTHS

9

DAYS

8

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

mechanic 264

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

automobile repair

10. Date deceased last worked at this occupation (month and year)

Jan. 1932

11. Total time (years) spent in this occupation

2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Murphers 9th 2

FATHER

13. NAME

Araron Snider Sr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Sandridge 9th

MOTHER

15. MAIDEN NAME

Nellie Cooney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Core City 9th

17. INFORMANT

(ADDRESS)

*Araron Snider
Murphy's 9th*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Murphy's 9th

DATE

Feb. 2- 1932

19. UNDERTAKER

(ADDRESS)

*Roberts & Sons
Murphy's 9th*

20. FILED FEB - 1 1932

W. E. Barker

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan - 31 - 1932

22. I HEREBY CERTIFY That I attended deceased from

*January 29, 1932, to January 31, 1932*I last saw him alive on *January 31, 1932* Death is saidto have occurred on the date stated above, at *10:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Meinigitis Simple
from Sinusitis
104B 104B 79A 104B 104B 104B*

Date of onset

1/28/32

Other contributory causes of importance:

*Acute Bronchitis Rh.
Maxillary Sinusitis Rh.*

Date of onset

1/7/32

Name of operation

Extensive Radical

Date of operation

1/19/32

What test confirmed diagnosis?

Autopsy

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following.

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Milton Smith

M. D.

(Address)

600 S Kings Highway

