

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

Do not use this space.

23835

**1. PLACE OF DEATH**

9248 County St. Charles Registration District No. 757  
Township \_\_\_\_\_ Primary Registration District No. 3026  
City St. Charles (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 112

**2. FULL NAME**

Antoinette Snellentrop  
(a) Residence, No. 324 1/2 Benton St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19-1898  
7. AGE YEARS 36 MONTHS 0 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salad lady  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dry goods 173  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

FATHER 13. NAME Henry Snellentrop  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

MOTHER 15. MAIDEN NAME Catherine Boesch  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

17. INFORMANT Harry Snellentrop  
(ADDRESS) St. Charles Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Peter's Church DATE July 22 1932

19. UNDERTAKER H. J. Callaway & Sons 60  
(ADDRESS) 700 N. Second St.

20. FILED 7/22 19 32 Hy. S. Blochauer  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1932  
22. I HEREBY CERTIFY That I attended deceased from May 30 1931 to July 20 1932  
I last saw h. or alive on July 20 1932 Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:  
Pulmonary Tbc. Date of onset 4/27/31  
Intestinal Tbc. (D)  
Other contributory causes of importance: \_\_\_\_\_

Name of operation Pharyngotomy Date of \_\_\_\_\_  
What test confirmed diagnosis? Rx Was there an autopsy? Y

23. If death was due to external cause (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
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? Y  
If so, specify \_\_\_\_\_  
(Signed) Byrd Gosow, M. D.  
(Address) 200 Clay St. St. Charles 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. JUL 27 1932

