

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

Do not use this space.

27286

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 790
 2 Township Clayton Central Primary Registration District No. 6033
 7 City Clifton (No. St. Louis County Hosp) St. _____ Ward _____

2. FULL NAME SNAVELY, JOSEPH
 (a) Residence, No. Queen St. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 10 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 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 Carrie Lee Snavely

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-16-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 7 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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

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) Virginia 2

13. NAME Aron Snavely

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs. Carman Broadfoot
1631 Massena Ave. St. L.

18. BURIAL, CREMATION, OR REMOVAL PLACE Montier DATE Aug-15- 1932

19. UNDERTAKER (ADDRESS) A. H. McLaughlin
1631 Massena Ave. St. L.

20. FILED Aug 13 1932 R. W. Sullivan
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1932 to Aug. 13, 1932
 I last saw him alive on Aug. 13, 4:30 A. 1932 Death is said to have occurred on the date stated above, at 5:10 A.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis and degeneration Date of onset ??
Chr. Parenchymatous Nephritis ??
Gen. Arteriosclerosis ??

Other contributory causes of importance: 131 1
Chr. Parenchymatous Nephritis
Gen. Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chin. & Tub. Where an autopsy? No.

23. If death was due to external causes (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? No.
 If so, specify _____
 (Signed) B. C. Korshak M. D.
 (Address) St. Louis Co. Hospital

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.

SEP 27 1932

