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.

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

Do not use this space.

41214

1. PLACE OF DEATH
County St. Louis — Registration District No. 284 — File No.
Township St. Ferdinand — Primary Registration District No. 6030 — Registered No.
City Ferguson (No. 15, N. Clay St. Ward)

2. FULL NAME Robert B. Snow
(a) Residence, No. 15 N. Clay St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 23 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: Eliza W. Snow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 18, 1864

7. AGE: YEARS 69 — MONTHS 8 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): Oct. 27, 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

FATHER
13. NAME: Robert B. Snow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Providence, R.I.

MOTHER
15. MAIDEN NAME: Catherine Cummings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Philadelphia, Pa.

17. INFORMANT (ADDRESS): Robt B Snow Jr, 15 N. Clay Ave; Ferguson Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Bellefontaine DATE Dec 11 1933

19. UNDERTAKER (ADDRESS): Wagoner, 3621 Olive St.

20. FILED 12-9, 1933 E. J. Harris, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/12, 1933, to 12/8, 1933
I last saw him alive on 9/8/33, 19.... Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (Cerebral Embolism)	9/12/33
92 A	
82 B	

Other contributory causes of importance: Chronic Endocarditis

Name of operation — Date of
What test confirmed diagnosis? — 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, 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?
If so, specify
(Signed) C. O. Hughes, M. D.
(Address) Ferguson, Mo

Mrs Harris -
at. 66.

MAY 19 1948

Ct. 18. R.