

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.

JAN 26 1934

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

Do not use this space.

41775

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **10055**

City **St. Louis Children's Hospital 500 So. Kingshighway**

File No. ....  
Registered No. **10817**  
St. Louis, Mo. Ward)

**2. FULL NAME Snyder, Florence**

(a) Residence, No. **Dorsett + Fee Fee Road St. Louis, County**  
(Usual place of abode) Ward. **17**

Length of residence in city or town where death occurred **Life** mos. da.

How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Child</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Child</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>7-8-1928</b>		
7. AGE YEARS <b>5</b>	MONTHS <b>5</b>	DAYS <b>18</b>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<b>Child</b>
	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)	
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Missouri**  
(STATE OR COUNTRY)

13. NAME **Roy Snyder**

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

15. MAIDEN NAME **Mariane Herrin**

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

17. INFORMANT **R. F. Anthony**  
(ADDRESS) **500 So. Kingshighway, St. Louis, Mo**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **St. James Mo.** DATE **Dec. 19, 1933**

19. UNDERTAKER **J. W. McLaughlin**  
(ADDRESS) **1631 Mississippi Ave**

20. FILED **L.C. 17, 1933**  
**J. T. Brebeck**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12.17.1933**

22. I HEREBY CERTIFY, That I attended deceased from **12/13, 1933, to 12/17, 1933**  
I last saw h. or alive on **12/17, 1933** Death is said to have occurred on the date stated above, at **3:28 a.m.**  
The principal cause of death and related causes of importance were as follows:

**Pneumonia, lobar**  
**108**  
**110A**  
**108**  
Other contributory causes of importance:  
**Empyema**  
Date of onset

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there 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?.....  
If so, specify.....  
(Signed) **Rose A. Shea**, M. D.  
(Address) **St. Louis Children's Hospital**

The following information was obtained from the records of the  
 Department of the Interior, Bureau of Land Management, on the  
 subject of the above-captioned tract of land.

The tract of land described in the above-captioned instrument  
 is situated in the County of [County Name], State of [State Name],  
 and is more particularly described as follows:

[Detailed description of the land tract, including acreage, location, and any relevant survey information.]

The above-described tract of land is owned by [Owner Name],  
 who is the holder of the title to the same.

The above-captioned instrument was duly recorded in the  
 office of the County Clerk of the County of [County Name],  
 State of [State Name], on the [Date] day of [Month], 19[Year].

The above-captioned instrument is a true and correct copy  
 of the original instrument as the same appears in the  
 records of the County Clerk of the County of [County Name],  
 State of [State Name].

In testimony whereof, I have hereunto set my hand and  
 the seal of the County Clerk of the County of [County Name],  
 State of [State Name], at [City], this [Date] day of [Month],  
 19[Year].

[Signature of County Clerk]