JAN 24 1935

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

Do not use this space.

45010

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 2412 Lemp Ave St. ..... Ward)

File No. 12163

Registered No. .....

2. FULL NAME Ada L. Snelling

(a) Residence, No. 2412 Lemp Ave St., 23 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~X ADSBAND OF~~ (OR) WIFE OF Walter O. Snelling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 1884.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
50.	7.	23.	

OCCUPATION

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

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

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) North Carolina

FATHER

13. NAME Gaston Freeman

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

MOTHER

15. MAIDEN NAME Mary Wright

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

17. INFORMANT Walter O. Snelling
(ADDRESS) 2412 Lemp Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greensboro, N.C. DATE Dec. 26. 1934

19. UNDERTAKER A. W. McLaughlin
(ADDRESS) 2301 Lafayette

20. FILED FEB 24 1935, 19 Jos. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933, to Dec 17, 1934

I last saw her alive on Dec. 17, 1934. Death is said to have occurred on the date stated above, at 6:58 a.m.

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

48

Cancer of Cervix

Date of onset

Other contributory causes of importance: 48

Name of operation ~~Radium~~ None Date of .....

What test confirmed diagnosis? Clinical 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) Eugene S. Auer, M. D.

(Address) Missouri Bldg

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.

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