FEB 24 1936

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

Do not use this space.

4070

1. PLACE OF DEATH

County St. Louis — Registration District No. 1170 — File No.

Township Central — Primary Registration District No. 62484 — Registered No. 10

City Richmond Hts. Mo. — Marys Hospital — St. — Ward)

2. FULL NAME Katherine Snodgrass

(a) Residence, No. 4537 Mc Pherson St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alex Snodgrass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): —

7. AGE: About 64 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife athome
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) (STATE OR COUNTRY): Savannah Ga.

FATHER

13. NAME: William H. Daniels
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

MOTHER

15. MAIDEN NAME: Rebecca De Loacher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): S. Carolina

17. INFORMANT (ADDRESS): Catherine Snodgrass 4537 Mc Pherson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE 1-16-36, 19

19. UNDERTAKER (ADDRESS): Alexander & Sons Inc 6175 Delmar, St. Louis, Mo

20. FILED Jan 15, 1936 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1936, to Jan 14, 1936
I last saw her alive on 1/14/36, 19 Death is said to have occurred on the date stated above, at 36 m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Lft — Date of onset 1/8

Other contributory causes of importance:
Chr. Myo. Cordeles
Arrocello Fibroleiom

Name of operation — 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? No
If so, specify
(Signed) James P. Hodge M. D.
(Address) 100 N Mo Phone Bldg

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.

Dr Yanis [illegible]
Mo. [illegible]
Je 8620
1-4 P.M.