

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.

1. PLACE OF DEATH

County St. Louis
Township Cent. Ill.
City Webster Groves

Registration District No. 788Primary Registration District No. 4471(No. 548 Oakwood Ave)File No. 16760Registered No. 37

St. _____ Ward _____

2. FULL NAME Sarah Seery Snow(a) Residence, No. 548 Oakwood Ave Ward. Batavia Ill.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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 Theodore W. Snow6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 22nd 1860

7. AGE YEARS 75 MONTHS 7 DAYS 11 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

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) New YorkFATHER 13. NAME H. R. Seery14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New YorkMOTHER 15. MAIDEN NAME M. L. Edsall16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York17. INFORMANT Ralph Moore (ADDRESS) 548 Oakwood Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Batavia Ill. DATE Apr. 6th 3619. UNDERTAKER Albert N. Hoffman (ADDRESS) 429 North Euclid Ave20. FILED 4-4-36 Julius H. York Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 3rd 193622. I HEREBY CERTIFY, That I attended deceased from March 20 - 1936 to Apr. 3rd 1936I last saw her alive on Apr. 3rd 1936 Death is said to have occurred on the date stated above, at 8^{pm}.

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

Bronchial Asthma (Date of onset) _____
(Recurrent attacks for many years)
This attack March 30/36
Chronic Myocarditis - many years

Other contributory causes of importance:

Arterio-sclerosis
and hyper-tension

Name of operation _____ Date of _____

What test confirmed diagnosis? Chinco 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? No

If so, specify _____

(Signed) A. H. Spadueck, M. D.(Address) 17 E. Jackson

4 JUN 16 1949