

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.

24891

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No. 11)

Ward 11

File No.

Registered No. 6437

St. Ward)

2. FULL NAME

(a) Residence, No. 2522 N. Vandeventer St. 11 Ward.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 - 19367. AGE YEARS MONTHS DAYS If LESS than 1 day, 6 hrs. or 30 min.

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis Mo. (STATE OR COUNTRY)13. NAME Olson Raymond Snider14. BIRTHPLACE (CITY OR TOWN) Campbell Mo. (STATE OR COUNTRY)15. MAIDEN NAME Adell Vincent16. BIRTHPLACE (CITY OR TOWN) Campbell Mo. (STATE OR COUNTRY)17. INFORMANT (ADDRESS) Mr. O. P. Snider18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE June 11, 193619. UNDERTAKER (ADDRESS) City Cemetery20. FILED 25 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 - 193622. I HEREBY CERTIFY, That I attended deceased from 6 - 6 - 1936 to 6 - 6 - 1936I last saw her alive on 6 - 6 - 1936 Death is said to have occurred on the date stated above, at 8:30 P.

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

Date of onset

Atelectasis 6/6/36Other contributory causes of importance: Prematurity (7 1/2 lbs) 6/6/36Name of operation none Date ofWhat test confirmed diagnosis? Clinical 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

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) Nicholas S. Vitale M. D.(Address) 384 St. Louis Ave.

