

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

Do not use this space.

AUG 18 1936
1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. St. John's Hospital)

791
1003

File No.....

Registered No. 2601

Surgeon..... Ward.....

2. FULL NAME Laura Snider

(a) Residence, No. 4044A DeTonty St. St. 17 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
49 5 25

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

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) Louisville (STATE OR COUNTRY) Ky.

13. NAME Unknown Stone

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Mr. Claude Snider (ADDRESS) 4044A DeTonty St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Lake Charles DATE 7-20 1936

19. UNDERTAKER Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED JUL 18 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17 1936

22. I HEREBY CERTIFY, That I attended deceased from July 8 1936 to July 17 1936
I last saw him alive on July 17 1936 Death is said to have occurred on the date stated above, at 4 P. M.

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

Pulmonary Embolism

Date of onset

Other contributory causes of importance:

Carcinoma Breast

Name of operation Breast Lump Date of July 8
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? 7 Date of injury....., 19.....

Where did injury occur? 7 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 7

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Cover M. D.
M. O. Bely

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 L.A. Will
Mr Theatre
10-12