

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St Louis

FEB 8 1937

Registration District No.
Primary Registration District No.
(No. St John's Hospital)

**791
1003**

File No. **3222**
Registered No. **248**
St. Ward)

2. FULL NAME

William R. Snarr

(a) Residence, No. 4435 Delmar Ave., St. 19 Ward. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 18, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 4 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired elevator operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 262
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) Springfield Ill

13. NAME James Snarr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Unknown Sproul

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Geo Snarr Verbeten Snarr
414 Baker Ave Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem Jan 7, 1936

19. UNDERTAKER (ADDRESS) Beiderwieden Funeral Home
1936 St Louis Ave

20. FILED 7 1937 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1937, to Jan 5, 1937

I last saw him alive on Jan 5, 1937 Death is said to have occurred on the date stated above, at 6:30 P M

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

Hypostatic pneumonia (Older) above
Jan 7/37

Other contributory causes of importance:
Chronic Decompensated Hypertension - 2 years
Arteriosclerosis & Aneurysm
Thrombotic Embolism

Name of operation Excised Aneurysm Date of Jan 1/37
What test confirmed diagnosis? 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) Douglas A. Rice, M. D.
(Address) 7179 Manchester Ave

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.

