

MAR 5 - 1937

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

Do not use this space.

8554

1. PLACE OF DEATH

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

Registration District No. 791
Primary Registration District No. 1003
(No. 5351 Delmar Boulevard)

File No.....
Registered No. 2009
St. (Ward)

2. FULL NAME Mrs. Margaret E. Snider

(a) Residence, No. 5351 Delmar St. 12 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 7 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1870

7. AGE YEARS 66 MONTHS 5 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. 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) St. Louis, Mo.

13. NAME John Lynch

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

15. MAIDEN NAME Sophia Burkheiser

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

17. INFORMANT (ADDRESS) (Mrs) Wilmoth Haller 5351 Delmar

18. BURIAL, CREMATION, OR REMOVAL PLACE Willabro Nur. DATE Feb. 17 1937

19. UNDERTAKER (ADDRESS) Alexander & Sons 8175 Delmar Blvd.

20. FILED FEB 17 1937 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1934, 19... to Feb. 15, 1937, 19...

I last saw her alive on Feb. 15, 1937, 19... Death is said to have occurred on the date stated above, at 4.55 P.M.,
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis due to Hypertension
Other contributory causes of importance: Hypertension
Date of onset 1 Day
6 Yrs.

Name of operation..... Date of.....
What test confirmed diagnosis? Phy. Ex. 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) John Bredeck, M. D.
(Address) 508 N. Grand Blvd.

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.

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