

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

Do not use this space.

DR 27 1937

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248B
 City Koch III (No. Koch Hosp.) St. _____ Ward _____

File No. 13621
 Registered No. 85

2. FULL NAME Robert Snelling

(a) Residence, No. 4258 Miami St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 5 mos. 12 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>151</u>	<u>40</u>	<u>4</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer
 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) Nov. 17, 1926
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.

13. NAME Morris E. Snelling

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

15. MAIDEN NAME Julia Taylor

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

17. INFORMANT Koch Hospital Records
 (ADDRESS) Koch III

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial DATE 2-22 1937

19. UNDERTAKER Maxwell Helderle
 (ADDRESS) 2331 So Broadway

20. FILED Feb. 20 1937 G. Murray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to Feb 19 1937
 I last saw him alive on 2-18 1937 Death is said to have occurred on the date stated above, at 6:30 am.

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

Pulmonary Tuberculosis Date of onset July 27
amyloid disease 1933

Name of operation Thoracoplasty Date of 1936 Feb
 What test confirmed diagnosis? Koxy Sputa Was there an autopsy? Yes

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. J. Steiner M. D.
 (Address) Robt. Koch Hospital Koch

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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