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.

JUL 8 - 1937

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

Do not use this space.

File No. 21686
Registered No. 5438

1. PLACE OF DEATH

County ..... Registration District No. 7
Township ..... Primary Registration District No. 7
City St. Louis (No. Christian Hospital St. ..... Ward)

2. FULL NAME Infant Snider

(a) Residence, No. 5867 Cote Brilliant St., 6 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 c
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1937

7. AGE: YEARS Stillborn; MONTHS; DAYS; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) St. Louis (STATE OR COUNTRY) Mo.

FATHER
13. NAME James Snider
14. BIRTHPLACE (CITY OR TOWN) Carter Co. (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Marie King
16. BIRTHPLACE (CITY OR TOWN) Mountain View (STATE OR COUNTRY) Mo.

17. INFORMANT James Snider (ADDRESS) 5867 Cote Brilliant

18. BURIAL, CREMATION, OR REMOVAL PLACE Ellsinore, Mo. DATE June 2, 1937

19. UNDERTAKER Jay B. Smith Funeral Home (ADDRESS) 7456 Manchester Ave. Maplewood, Mo.

20. FILED JUN - 1 1937 J. J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw him ~~alive~~ May 31, 1937. Death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Patent Ductus Arteriosus
Stillborn

Other contributory causes of importance:
none

Name of operation none Date of .....
What test confirmed diagnosis? ..... 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 ....., 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) Samuel Wolff, M. D.
(Address) 2906 N. Union