

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.

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No. 5885, Nuna Place) St. Ward)

14550

File No.
Registered No. 3733 St. Ward)

2. FULL NAME Lula M. Snoddy

(a) Residence, No. 5885 Nuna Plce St. 5 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 Female 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 John H. Snoddy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 9 12

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

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) Montzoma Ind

13. NAME David Miller

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

15. MAIDEN NAME Anna Skelton

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

17. INFORMANT Blauche Snoddy (ADDRESS) 5885 Nuna Plce

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE April 14 1934

19. UNDERTAKER C. R. Lupton & Sons (ADDRESS) 4449 Olive St

20. FILED APR 14 1934 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-29-1934 to 4-12-1934

I last saw her alive on 4-12-1934 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Pneumonia
bronch.
93
myocarditis, ch.
Date of onset 4/11/34

Name of operation none Date of

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) W. F. Henson, M. D.

(Address) 3665 S. Grand

3115 So Grand

3-4 P. M.