

AUG - 5 1937

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

Do not use this space.

25865

1. PLACE OF DEATH HOMER G PHILLIPS HOSPITAL
 County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City St. Louis (No. 2601, N. Whittier St. Ward) Registered No. **7039**

2. FULL NAME Richard Snowden
 (a) Residence, No. 617 N Ewing St., 21 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 17 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>35</u>	<u>37</u>	<u>4</u>	<u>27</u>	

OCCUPATION

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

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) Arkansas
(STATE OR COUNTRY)

FATHER

13. NAME Richard Snowden

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

MOTHER

15. MAIDEN NAME Amanda ?

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

17. INFORMANT Evelyn Hilliard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Washington Park DATE 7/25/37

19. UNDERTAKER E. L. Garner
(ADDRESS) 2829 Washington

20. FILED JUL 24 1937 J. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1937, to July 20, 1937

I last saw h. in alive on July 20, 1937. Death is said to have occurred on the date stated above, at 4:50 a.m.

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

Neuro-lues

Date of onset
6/13/37

Other contributory causes of importance: ZH

Name of operation..... Date of.....

What test confirmed diagnosis? clinical 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?.....

If so specify.....

(Signed) A. L. Lewis, M. D.

(Address) 2601 N Whittier

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.

