

DEPARTMENT OF HEALTH
BUREAU OF RECORDS AND STATISTICS
CITY OF NEW YORK
FILED
1 SEP 19 1951 8:36

Certificate of Death

156-51-118704

Certificate No.

1. NAME OF DECEASED **AMZIE SNOOLGRASS**
(Print or Type name)
 First Name Middle Name Last Name

PERSONAL PARTICULARS

(To be filled in by Funeral Director)

MEDICAL CERTIFICATE OF DEATH

(To be filled in by the Physician)

2 USUAL RESIDENCE: (a) State **N.Y.**
 (b) Co. **N.Y.** (c) Post Office and Zone **28**
 (d) No. **412 EAST 84TH ST.**
(If in rural area, give location)
 (e) Length of residence or stay in City of New York immediately prior to death **2 yrs.**

15 PLACE OF DEATH:
 (a) NEW YORK CITY: (b) Borough **MANH.**
 (c) Name of Hospital or Institution **412 East 84 Street**
(If not in hospital or institution, give street and number.)
 (d) If in hospital, give Ward No.

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

16 DATE AND HOUR OF DEATH
 (Month) (Date) (Year) (Hour)
Sept. 9 1951 10^{AM}

4 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)
March 18 1890

17 SEX **Male** 18 COLOR OR RACE **White** 19 Approximate Age **81**

5 AGE If under 1 year If LESS than 1 day.
 mos. days hrs. or min.
81 yrs.

20 I HEREBY CERTIFY that (I attended the deceased)*
(a staff physician of this institution attended the deceased)*

6 Occupation
 a. Usual Occupation (Kind of work done during most of working life, even if retired) **ENGINEER (RETIRED)**
 b. Kind of Business or Industry in which this work was done **CONTRACTOR**

from **Sept. 8 (six) 1951** to **Sept. 9 1951**
 and last saw him alive at **4³⁰ A.M.** on **Sept. 9 1951**

7 SOCIAL SECURITY NO. **NONE**

I further certify that death ~~was~~ **NOT** caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to **NATURAL CAUSES** more fully described in the confidential medical report filed with the Department of Health.

8 BIRTHPLACE (State or Foreign Country) **OHIO**

* Cross out words that do not apply.
 † See first instruction on reverse of certificate.

9 OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? **U.S.**

10a. WAS DECEASED EVER IN UNITED STATES ARMED FORCES? **NO.** 10b. IF YES, Give war or dates of service

Witness my hand this **9** day of **Sept.** 19 **51**

11 NAME OF FATHER OF DECEDENT **ROBERT SNOOLGRASS**

Signature **Roman R. Perkul** M. D.

12 MAIDEN NAME OF MOTHER OF DECEDENT **MARTHA SELLMAN**

Address **250 W. 94th. N.Y.C.**

13 NAME OF INFORMANT **MRS. A.S. COLTON**

RELATIONSHIP TO DECEASED **DAUGHTER** ADDRESS **412 East 84th St.**

14a. Name of Cemetery or Crematory **FRESH POND CEMETERY**

14b. Location (City, Town or County and State) **MASPETH L.I.** 14c. Date of Burial or Cremation **SEPT. 14, 1951**

21 FUNERAL DIRECTOR **Michael Jordan**

ADDRESS **1330 Second Ave.** PERMIT NUMBER **3662**