WHITE PLANET, WITH UNFADING INKLETTIS IS A PERMANENT RECORD

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. 10997

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2824

City St. Louis (No. 4620 Pershing ..... St. ..... Ward)

2. FULL NAME Elizabeth Sneed Winter

(a) Residence. No. 4620 Pershing St., 12 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: 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: Samuel D. Winter

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 29 1842

7. AGE: Years 85 | Months 4 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ky.

PARENTS

10. NAME OF FATHER: Wm C. Sneed
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER: Sarah Russell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ky.

14. INFORMANT: Elizabeth Withrow (Address) 4620 Pershing

15. FILED: AR 13 1928 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-12- 1928

17. I HEREBY CERTIFY, That I attended deceased from march 10, 1928, to tel death, 19..... that I last saw her alive on march 11, 1928, and that death occurred, on the date stated above, at 7.15 a.m. march 12. 1928

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Massive Bronchopneumonia
Sudden on set
186A
1928
107A
195 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Broken arm now mending
— Senility Caused by falling to floor.
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Accident

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Howard H Bell, M. D

Mar 12, 1928 (Address) university club Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Frankfort Ky
DATE OF BURIAL: Mar 13 1928

20. UNDERTAKER: Wagener
ADDRESS: 3621 Olive