

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.

MAY 7 1936

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

Do not use this space.
17548

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis*
Blk 680

Registration District No. **791**
Primary Registration District No. **1003**
City *St. Louis*
Elizabeth Sneed Sneed

File No.....
Registered No. **4330**
St..... Ward.....

2. FULL NAME

(a) Residence, No. *2311* St. *St. Louis* Ward *22*
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *40 yrs.* mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F*
4. COLOR OR RACE *W.*
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Unknown*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 20-1885*
7. AGE YEARS *51* MONTHS *3* DAYS *17*
IF LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY) *Missouri*

MOTHER FATHER
13. NAME *John Hopkins*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Julia Todd*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT (ADDRESS) *Joseph M. City Dept*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla Cem* DATE *Apr 22* 19*36*

19. UNDERTAKER (ADDRESS) *E. J. Schmyr 31207 Kajanto av*

20. FILED **APR 20 1936** *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/19/36* 19
22. I HEREBY CERTIFY, That I attended deceased from *4/14* 19*36* # *4/19/36* 19
I last saw h. *W* alive on *4/19/36* 19*36*. Death is said to have occurred on the date stated above, at *6:27* m.
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia
Hypertension
Other contributory causes of importance:
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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 whether injury occurred in industry, in home, or in public place.)
(S. specify city or town, county, and State)

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) *Everett P. Nelson* M. D. (Address) *City St. Louis*

