

AUG 18 1936

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

Do not use this space.

27997

## 1. PLACE OF DEATH

County.....

Registration District No. 1003

Township.....

Primary Registration District No. 4734 KENSINGTON PL

City ST LOUIS

File No. 6707  
Registered No. 6707  
St. Ward)

## 2. FULL NAME

DONALD LEE SNEED

(a) Residence, No. 4734 KENSINGTON PL Ward 17  
(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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MALE WHITE SINGLE

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

INFANT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 22, 36

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

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10

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

NONE

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)

MO

FATHER

13. NAME LLOYD R SNEED.

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

ILL

MOTHER

15. MAIDEN NAME LOUISE WHITE

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

OKLA.

17. INFORMANT LLOYD R SNEED.

(ADDRESS) 4734 KENSINGTON PL

18. BURIAL, CREMATION, OR REMOVAL PLACE

CARRIER MILLS 7/2 1936

19. UNDERTAKER LARRY MULLEN UNDCO.

(ADDRESS) 5165 DELMAR BLVD.

20. FILED JUL 2 1936

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from

June 22, 1936, to July 2, 1936

I last saw him alive on July 1, 1936. Death is said to have occurred on the date stated above, at 2:00 A.M.

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

Premature

Date of onset

7 no gutting

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) J. McPherson M. D.

(Address) 621 N. Grand St.

2005 8-10-05

112. 10/10/05