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

REC'D NOV 16 1938

34034
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 9020

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. City Hospital No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
D. 10124 530

2. PRINT FULL NAME William Sneed Jr.
(a) Residence, No. 6427 Manchester St. 4
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7, 1877

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
60	11	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. nil
10. Date deceased last worked at this occupation (month and year) Sept. 1938
11. Total time (years) spent in this occupation 30yrs.

12. BIRTHPLACE (CITY OR TOWN) St. James
(STATE OR COUNTRY) Missouri O

FATHER
13. NAME William Sneed Sr.
14. BIRTHPLACE (CITY OR TOWN) St. James
(STATE OR COUNTRY) Missouri O

MOTHER
15. MAIDEN NAME Minerva Unknown
16. BIRTHPLACE (CITY OR TOWN) St. James
(STATE OR COUNTRY) ? Missouri O

17. INFORMANT Claude Sneed
(ADDRESS) 6427 Manchester Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. James, Missouri DATE Oct. 18, 1938

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe, Inc.
(ADDRESS) 4700 Washington Blvd.

20. FILED OCT 16 1938 J. Bredick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/14/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/10/38, 19, to 10/14/38, 19
I last saw him alive on 10/14/38, 19 Death is said to have occurred on the date stated above, at 11.10 m
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
type of pneumonia not determined	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) E. C. Reb, M. D.
(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

Em [illegible] signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.