V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1942

MISSOURI STATE BOARD OF HEALTH #1

STANDARD CERTIFICATE OF DEATH

State File No. 13084

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4227

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Hospital
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr. 30 min. (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4433 North Nineteenth Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Infant #1 Sneeringer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 13, 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	1 hr. 30 min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business

FATHER
12. Name James D. Sneeringer
13. Birthplace Perdue, Oklahoma
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jean Davis
15. Birthplace Bunker, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James D. Sneeringer
(b) Address 4433 No. Nineteenth Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1942
(Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) MAY 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1942 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from 1½ hrs
, 19, to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Mother Kahn Coma

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature L. V. Gorvin (M. D. or other) 5/13/42

Address 2767 a Park St Louis Date signed 5/13/42

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed
Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.