

**AUG 18 1943**

318

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Peoples Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 49 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Stella Sneed

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lee J. Sneed 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 6, 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 2 5 hr. min.

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

10. Usual occupation House-wife

11. Industry or business

MOTHER FATHER { 12. Name Unknown  
13. Birthplace "  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Poston  
15. Birthplace Farmington, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lee J. Sneed

(b) Address 6329 Wagoner Ave.,

17. (a) Burial (b) Date thereof Aug. 14, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director Lee J. Sneed

(b) Address 3615-17

19. (a) AUG 13 1943 (b) J. F. Brueck  
(Date received local authority) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis, Wellington  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6329 Wagoner (If rural, give location) NR  
(e) Citizen of foreign country? Born U.S.A. (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11, year 1943 hour 7 P.M. minute

21. I hereby certify that I attended the deceased from May 1, 1943 to Aug. 11, 1943 that I last saw him alive on Aug. 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Ulcerative Colitis Duration about 4 mos.

Due to Ulcerative Colitis  
Due to Ulcerative Colitis  
Other conditions None  
(Include present ones within 3 months of death)

PHYSICIAN  
Major findings: Ulcerative Colitis  
Of operations:  
Of autopsy: None  
Underline the cause to which death should be charged statistically.

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?

While at work? (Specify type of place) Means of injury

23. Signature J. B. Key (M. D. or other) 8/12/43  
Address 430 Condon Date signed

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

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

Signed..... *[Signature]* .....

Licensed Embalmer No. *2266* .....

P. O. Address..... *2812 Thomas St* .....

**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.**