

FILED MAR 23 1948

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6121 Crescent Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SNEATHAN, JOSEPH STEPHEN

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

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

6. (b) Name of husband or wife Bertha Rodefald Sneathan 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased February 3 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 8 If less than one day 22 hr. 00 min.

9. (a) Warsaw Missouri Poland
Birthplace (City, town, or county) (State or foreign country)

Usual occupation Locomotive Engineer, retired

Industry or business Missouri Pacific R. R. Co.

12. Name Noah Flood Sneathan

13. Birthplace Warsaw unknown Poland
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Neede

15. Birthplace Warsaw unknown Poland
(City, town, or county) (State or foreign country)

(g) Informant Mrs. J. S. Sneathan

Address 6121 Crescent Ave., St. Louis

16. (a) burial (b) Date thereof 3/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Rd., St. Louis 17, Mo.

19. (a) MAR 13 1948 (b) J. F. Purcell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 11
year 1948 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from 10 MAR
48, 1948, to 11 MAR, 1948

that I last saw him alive on 11 MAR, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE LEFT SIDED HEART FAILURE

Due to HYPERTENSIVE HEART DISEASE

Due to HEART DISEASE

Other conditions HEART DISEASE
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy CARDIAC HYPERTROPHY
MARGED PULM EDEMA

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)
(e) Means of injury 0

23. Signature Marvin J. Purcell (M. D. or other) MD

Address 1755 S. Grand Date signed 3-11-48

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

ANOTHER ENTRY
DATE 1948
Stalls

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St Louis, Mo.

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.

S-10693