

FILED SEP 24 1948

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7884**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Lexian Brothers Hospital**
(If not in hospital or institution; write street number or location)
(d) Length of stay: In hospital or institution **11 Mo.** (Specify whether
In this community _____ 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. **8419 Reilly Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **5**
year **1948** hour **10** minute **10 A M.**

21. I hereby certify that I attended the deceased from **June**, 19**38**, to **Sept-5**, 19**48**;
that I last saw him alive on **Sept-5**, 19**48**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart disease**
Duration **2yrs**

Due to **Chronic Bronchitis** **10yrs**
Chronic Nephritis **5yrs**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN
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)
(e) Means of injury _____
23. Signature **J. J. O'Sullivan** (M. D. or other) **M.D.**
Address **421 N. Schurmer** Date signed **9-6-48**

3. (a) PRINT FULL NAME **Samuel Wilkerson Sneed**

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, **Widowed**

6. (b) Name of husband or wife **Margaret** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec**, **12**, **1857**
(Month) (Day) (Year)

8. AGE: Years **90** Months **8** Days **23** If less than one day hr. _____ min. _____

9. Birthplace **Nashville, Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Bricklayer**

12. Name **James Sneed**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Wilkerson**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (e) Informant **James Sneed**

(b) Address **3505 Chouteau**

17. (a) **Burial** (b) Date thereof **9-9-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive Cemetery**

18. (e) Signature of funeral director **Jas. P. Fendler Jr.**

(b) Address **7128 Michigan**

19. (a) **9-2-48** (b) **J. F. Busch**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 *Clarence Pechow*.....

Licensed Embalmer No. *3093*.....

P. O. Address *7128 Michigan*.....

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.