

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14806**

FILED MAY 1- 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3653**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri.</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		<b>2769</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>#126 1913 Newhouse Ave.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELSIE</b>		b. (Middle)	c. (Last) <b>SNEED</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 17, 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 31, 1899</b>	9. AGE (In years last birthday) Months Days <b>52</b>	10. AGE (In years last birthday) Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Eugene Baumont</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Caldwell</b>		14. NAME OF HUSBAND OR WIFE <b>Late Howard Sneed.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Helen Lowden, 1913 Newhouse Av.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute bacterial endocarditis</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Escherichia coli</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>O.B.H.H.</b>			
22. I hereby certify that I attended the deceased from <b>3-20-52</b> , 19___, to <b>4-17-52</b> , 19___, that I last saw the deceased alive on <b>4-17-52</b> , 19___, and that death occurred at <b>1:10 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>John T. Lawton, M.D.</b>			23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>4-17-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr. 21, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		
DATE RECD BY LOCAL REG. <b>APR 18 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carly Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Leidner Und. Co. 2223 St. Louis Av.</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John J. Harris

Licensed Embalmer No. 4108

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.