

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED OCT 2 - 1953

State File No. **34452**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 341 Registrar's No. 2479

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PATTONVILLE</u>	
c. LENGTH OF STAY (in this place) <u>3 WEEKS</u>		d. STREET ADDRESS (If rural, give location) <u>HIGHWAY 40-66</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CO. HOSP.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle)	c. (Last) <u>SNEAD</u>	4. DATE OF DEATH	(Month) <u>9</u>	(Day) <u>19</u>	(Year) <u>53</u>
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5. SEX <u>0</u>	6. COLOR OR RACE <u>MALE WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 23 - 1877</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BONNETERRE MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>JOHN B. SNEAD</u>	13b. MOTHER'S MAIDEN NAME <u>MARY AUBUCHON</u>	14. NAME OF HUSBAND OR WIFE <u>LENA SNEAD</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LENA SNEAD</u>	ADDRESS <u>PATTONVILLE MO</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rt. lung.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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"/>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-28, 1953, to 9-19, 1953, that I last saw the deceased alive on 9-19, 1953, and that death occurred at 3:55 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Victor Jones, M.D.</u>	23b. ADDRESS <u>601 S. Brentwood</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-22-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. LEBANON</u>	24d. LOCATION (City, town, or county) (State) <u>PATTONVILLE MO</u>
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DATE REC'D BY LOCAL REG. <u>9/21/53</u>	REGISTRAR'S SIGNATURE <u>Hebert G. Nombke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Baummann Bros Inc.</u>	ADDRESS <u>564 W. 14th St. Overland</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MARK A PREVIOUS 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Cecar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland (K)

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.