

FILED JAN: 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44018**
11737

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. LENGTH OF STAY (in this place) 31 yrs	c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 5060 Arsenal St.		e. STREET ADDRESS (If rural, give location) 13 5060 Arsenal St.	

3. NAME OF DECEASED (Type or Print) HOWARD	a. (First)	b. (Middle) RODEFELD	c. (Last) SNEATHEN	4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 19, 1923	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic	10b. KIND OF BUSINESS OR INDUSTRY automobile	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph S. Sneathen	13b. MOTHER'S MAIDEN NAME Bertha Rodefeld	14. NAME OF HUSBAND OR WIFE Dorothy L. Wagner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW 2	16. SOCIAL SECURITY NO. 490-20-7598	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dorothy Sneathen, 5060 Arsenal St.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		INTERVAL BETWEEN ONSET AND DEATH 20 minutes
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331x
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22. I hereby certify that I attended the deceased from **9/26/52** to **12/23/54**, 19___, that I last saw the deceased alive on **12/23/54**, 19___, and that death occurred at **8:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE <i>S. Schultz</i> (Degree or title) MO.	23b. ADDRESS 2813 Watson Blvd. St. Louis 9	23c. DATE SIGNED 12/24/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Dec. 27, 1954	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetry	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. DEC 27 1954	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i> MO.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. S. Schultz
x288 2813A Watson Rd.
St. L-7939

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. None working under my personal supervision..

Student None
Signature of Student Embalmer

Signed Delis J. Kripine

Licensed Embalmer No. 349

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.