

FILED SEP 26 1956

STANDARD CERTIFICATE OF DEATH

32429

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8122**

| | | | | | | | | | |
|--|--|---|--|---|--|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis, Missouri | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis Mo | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp. | | | Length of stay in lb 2 1/3 Wks. | | d. STREET ADDRESS 3456a Miami Str | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Roy Middle A. Last Sneed | | | | 4. DATE OF DEATH Month 8 Day 31 Year 1956 | | | | | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 8/9/1905 | | 9. AGE (In years last birthday) 51 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ref. & Air Cond. Rep. | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Macon Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13. FATHER'S NAME Luther Sneed | | | | 14. MOTHER'S MAIDEN NAME Frances Miller | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Frances Sneed Address 3456 Miami St. Louis | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LYMPHO SARCOMA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 200-1 | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | | | | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from 8.14.56 to 8.31.56 and last saw her alive on 8.31.56 Death occurred at 10:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Printer or title) Carl G. Poppe M.D. | | | | 22b. ADDRESS St. John's Hosp. | | 22c. DATE SIGNED 9.2.56 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 9/4/1956 | | 23c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran | | 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | | | |
| 24. FUNERAL DIRECTOR Leidner Undertaking Co. ADDRESS 2223 St. Louis | | | | 25. DATE RECD. BY LOCAL REG. SEP 4 1956 | | 26. REGISTRAR'S SIGNATURE Carl Smith M.D. | | | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Stanley A. Dijk*.....

Licensed Embalmer No. *H*.....

P. O. Address *H. H.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.