V. S. No. 2
50M—1-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

Dr P. S. Wengel
462 N. Taylor

880

State File No.

Registrar's No. 525 / 19 N

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 days (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Florissant
(If outside city or town limits, write "RURAL")

(d) Street No. St. Francios St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Cordie B. Sneed

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Benjiman F. Sneed

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov (Month) 76 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
70	2	9	hr. min.

9. Birthplace Calloway Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation Retired

11. Industry or business Housework

FATHER
12. Name Benjiman F. Bradley
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant John M. Sneed
(b) Address 6770A Dillenberger Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.

19. (a) JAN 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1942 hour 7:45 P. minute M.

21. I hereby certify that I attended the deceased from December 12, 1941, to January 16, 1942;
that I last saw he alive on January 16, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Sub-arachnoid Cerebral Hemorrhage	
Due to	31 Days
Hypertension	D.K.
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	D.K.

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature P. S. Wengel (M. D. or other) MD
Address 462 No Taylor Date signed 1-17-42

(Licensed Embalmer's Statement on Reverse Side)

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 Louis H Popp, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis H Popp

Licensed Embalmer No. 921

P. O. Address Kirkwood

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.