

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32205

State File No. 7987  
Registrar's No. 7987

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ladue</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>515 Olive Street</b>				d. STREET ADDRESS (If rural, give location) <b>N/C 20 Ladue Terrace</b>							
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)		
<b>GEORGE</b>			<b>WALLACE</b>		<b>SNEED</b>				<b>9-13-49</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>October 4, 1885</b>		9. AGE (In years last birthday) <b>63</b>		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) <b>manager-sulphur dept.</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Mathieson Chemical Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Centralia, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>George R. Sneed</b>			13b. MOTHER'S MAIDEN NAME <b>Lenora Clements</b>			14. NAME OF HUSBAND OR WIFE <b>Willie Pearl Sneed</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY # <b>488-10-6587</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Willie Pearl Sneed, 20 Ladue Terrace</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, asthenia, etc. It means the disease, injury, or complication which caused death.										INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>										<b>minutes</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.										<b>years</b>	
DUE TO (b) <b>arteriosclerosis</b>										<b>years</b>	
DUE TO (c) <b>My peritussian</b>										<b>years</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebro-vascular accident</b>										<b>Feb 1949</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)				<b>102</b>		
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>Hit by car</b>						
22. I hereby certify that I attended the deceased from <b>July</b> , 1948, to <b>Sept 13</b> , 1949, that I last saw the deceased alive on <b>Aug 10</b> , 1949, and that death occurred at <b>11:00 a.m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Sam F. Beam</b>				(Degree or title)				23b. ADDRESS <b>13720 Washington - Ft. Lauderdale</b>		23c. DATE SIGNED <b>9/14/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>entombment</b>		24b. DATE <b>9-15-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri</b>				
DATE REC'D BY LOCAL REG <b>SEP 15 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. R. Lupton &amp; Sons, University City, Mo.</b>					

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

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Dr. Sim F. Beam  
3720 Washington Bl'v'd.,  
JE-3426  
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T u e  
Thurs

**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 Clarence A. Murray

Licensed Embalmer No. 4011

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.