

JAN - 6 1939 JAN 3 3 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

3934  
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784  
 (b) Township Carondelet Primary Registration District No. 200 Registered No. 25  
 (c) City Jefferson Barracks (d) Street No. VETERANS HOSPITAL St.  
 (e) Length of residence in city or town where death occurred 632 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leland A. NORDHAUS

(a) Residence, No. 5703 Enright Avenue St.  Saint Louis, Missouri  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -- ?

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1892

7. AGE YEARS 47 MONTHS 5 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Musician  
 9. Industry or business in which work was done, as saw mill, bank, etc. -  
 10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) San Antonio, Texas

FATHER 13. NAME George Nordhaus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Julia Leland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Clint A. Harkins, VAF., Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. MATTHEWS CEM. DATE JAN 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. HOFFMEISTER 1714 S. O'WAY ST. LOUIS MO.

20. FILED JAN - 6 1939 J. A. Meyer, M.D., Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 20, 1938, to January 5, 1939

I last saw him alive on January 5, 1939. Death is said to have occurred on the date stated above, at 8:50 P.M.

The principal cause of death and related causes of importance were as follows:

Appendicitis, acute, gangrenous, ruptured with peritonitis. Date of onset 12/16/38

Other contributory causes of importance: Ileus, paralytic 12/30/38  
Uremia 1-2-39

Name of operation see other side Date of 1/2/39  
 What test confirmed diagnosis? Path. clinical, manif. and lab. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? - Date of injury -, 19-  
 Where did injury occur? - (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury -  
 Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? -  
 If so, specify cutting his leg  
 (Signed) C. W. HUGHES, Chief Med. Off., M. D.  
 (Address) VAF, Jefferson Barracks, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Operations: Appendectomy: 12/21/38  
Ileostomy: 1/1/39

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**