

Registration District No. **317**

Primary Registration District No. **3069**

Registrar's No. **3441**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4-30-46**
(Specify whether years, months or days)
 In this community **18 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **9911 South Broadway, Lemay, Mo. 0**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **NASH, Euel**

3. (b) If veteran, name war **World I** 3. (c) Social Security No. **None**

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

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

7. Birth date of deceased **Aug. 12, 1895**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 51 | 3 | 20 | 3 hr. 20 min. |

9. Birthplace **Gibson, Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Hospital Attendant**

11. Industry or business _____

12. Name **John Nash**

13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Meredith**

15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, Vet. Adm. Hospital**

(b) Address **Vet. Adm. Hosp., Jefferson Bks., Mo.**

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **Fendler Und. Company**

(b) Address **7420 Michigan, St. Louis, Mo.**

19. (a) **12-6-46** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **3**
 year **1946** hour **3:20** minute **A** M.

21. I hereby certify that I attended the deceased from **April 30, 1946** to **December 3, 1946**
 that I last saw him **im** alive on **December 3, 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **CARCINOMA OF NECK WITH METASTASES** Duration **UNK.**

Due to **552**

Due to _____

Other conditions **NONE**
(Include pregnancy within 3 months of death)

Major findings: **No Operation** Of operations _____

Of autopsy **No 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) **No**

(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? _____

While at work _____ (Specify type of place) _____
 Means of injury **0**

23. Signature **L. E. STILWELL, M.D.** (M. D. or other) _____
 Address **Vet. Adm. Hosp., Jeff. Bks., Mo.** Date signed **12-3-46**

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 28 1947

DEC 20 1946

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 *Oliver E. Fendler*

Licensed Embalmer No. *4148*

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, fact should be so stated above.