

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15428

State File No.

BIRTH NO. REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1150**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) Jeff. Brks. Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Overland	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		d. STREET ADDRESS (If rural, give location) 3226 Calvert Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) FRED	b. (Middle) K.	c. (Last) NELSON	4. DATE OF DEATH (Month) (Day) (Year) 5/3/50
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/10/91	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 5 Days 23	IF UNDER 24 HRS. Hours 1 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Perry County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Nelson	13b. MOTHER'S MAIDEN NAME Henrietta Ellis	14. NAME OF HUSBAND OR WIFE Hetty M. Nelson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World I	16. SOCIAL SECURITY NO. 499121079	17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MULTIPLE MYELOMA		
	ANTECEDENT CAUSES BI-LATERAL CONFLUENT BRONCHO-PNEUMONIA		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	203X
		DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) V.A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2/23/1950**, to **5/3/1950**, and that death occurred at **7:05 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE E. C. Sturvell CHIEF, PROF. SERVICES	23b. ADDRESS V.A. HOSP. JEFF. BRKS. MO.	23c. DATE SIGNED 5/4/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-4-50	24c. NAME OF CEMETERY OR CREMATORY CEDAR FORK METHODIST CEM.	24d. LOCATION (City, town, or county) (State) PERRYVILLE, MISSOURI
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 4 1950	25. FUNERAL DIRECTOR'S SIGNATURE H. HOFFMEISTER	ADDRESS U & I CO., St. Louis, Mo. for Young
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed *Harry J. Schumacher*

Signed.....
Student Embalmer

Licensed Embalmer No. *2679*

1114 P. O. Address *7514 S. Broadway*

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.