No. 300
10-48

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22367

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1550

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jeff. Brks. Mo.
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 1903 North 10th St.

3. NAME OF DECEASED (Type or Print): a. (First) RUDY b. (Middle) H. c. (Last) NELSON

4. DATE OF DEATH (Month) (Day) (Year) 6/20/50

5. SEX M
6. COLOR OR RACE N
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unk.
8. DATE OF BIRTH 11/28/96
9. AGE (In years last birthday) 53 — If under 1 year: Months 6, Days 22 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Curtis Nelson
13b. MOTHER'S MAIDEN NAME Victoria (Unk)
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World I
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS V. A. HOSPITAL RECORDS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF THE RIGHT MAINSTEM BRONCHUS — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SYPHILIS, TERTIARY (C.N.S.)

163 A B

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 163X
20. AUTOPSY? YES [X] NO [ ]

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) V.A. m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/16, 1950, *to* 6/20, 1950, ~~[illegible]~~, *and that death occurred at* 9:25a m., *from the causes and on the date stated above.*

23a. SIGNATURE L. E. Stilwell M.D. (Degree or title) CHIEF, PROFESSIONAL SERVICES
23b. ADDRESS V.A. HOSP. JEFF. BRKS. MO.
23c. DATE SIGNED 6/21/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-26-50
24c. NAME OF CEMETERY OR CREMATORY NATIONAL
24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MISSOURI

DATE REC'D BY LOCAL REG. 6-23-50
REGISTRAR'S SIGNATURE Herbert R. Wombe, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LOVE UNDERTAKING CO. 3103 Washington, St. Louis

(Licensed Embalmer's Statement on Reverse Side)

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 H. Claude Gordon

Signed.....
Student Embalmer

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine Av

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.