

STANDARD CERTIFICATE OF DEATH

18388

Reg. 16300 SL 9904

State File No.

FILED MAY 25 1956

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4778

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois				b. COUNTY Jersey											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.				c. LENGTH OF STAY (in this place) 3 days		c. CITY OR TOWN Jerseyville				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital				e. STREET ADDRESS (If rural, give location) 503 East Pearl				81208											
3. NAME OF DECEASED (Type or Print) Orlin			a. (First)			b. (Middle) S.			c. (Last) Nelson			4. DATE OF DEATH (Month) (Day) (Year) 5-15-56							
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 2-11-94		9. AGE (In years last birthday) 62		if UNDER 1 YEAR Months		if UNDER 14 HRS. Days		if UNDER 4 HRS. Hours		if UNDER 15 Min. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer				10b. KIND OF BUSINESS OR INDUSTRY Construction				11. BIRTHPLACE (City and State or Foreign Country) Jerseyville, Illinois				12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Conrad Nelson				13b. MOTHER'S MAIDEN NAME Jennie Mc Cann				14. NAME OF HUSBAND OR WIFE Lillie Nelson											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI				16. SOCIAL SECURITY NO. Unknown				17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MO.				ADDRESS							
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 10 Days Unknown							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 332+				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)											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?											
22. I hereby certify that I attended the deceased from 5-12, 19 56, to 5-15, 19 56, and that death occurred at 7:10 p.m., from the causes and on the date stated above.																			
23a. SIGNATURE Carl H. Carlson						(Degree or title) M.D.						23b. ADDRESS VAH, ST. LOUIS, MO.				23c. DATE SIGNED 5-15-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal				24b. DATE 5-16-56				24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State) Jerseyville, Ill.							
DATE REC'D BY LOCAL REG. MAY 16 1956				REGISTRAR'S SIGNATURE Albert H. Hoppe				25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe				ADDRESS 4700 Washington Blvd.							

(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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *John S. Denn*

Licensed Embalmer No. *410*

P. O. Address. *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.