

XC4869471 SL18468

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046103

STATE FILE NUMBER

FILED JAN 14 1959

Registration District No. 318

Primary Registration District No. 1003

Registered No. 12761

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS MAPLEWOOD
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Length of stay in lb 33 Days	d. STREET ADDRESS (If outside, give location) 2263-67 BLENDON PLACE
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT E NELSON			4. DATE OF DEATH Month Day Year 12/31/58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-27-22 1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laboratory Helper		10b. KIND OF BUSINESS OR INDUSTRY Chemical Co.	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI
13a. FATHER'S NAME GUS A. NELSON		13b. MOTHER'S MAIDEN NAME ANNA ENDE	14. NAME OF HUSBAND OR WIFE RUTH B. NELSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES WW-II		16. SOCIAL SECURITY NO. 498097736	17. INFORMANT Ruth B. Nelson & Address VAH RECORDS 915 N. GRAND, ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RIGHT CEREBRAL BRAIN TUMOR, ASTROCYTOMA			INTERVAL BETWEEN ONSET AND DEATH 4 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHOPNEUMONIA AND CONGESTION. LEFT LOWER LOBE ABSCESS.			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I, PART II of item 18.) ITEM 8, 9, 17 1-28-59 CORRECTED	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> VA	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Attended the deceased from 11/28/58 to 12/31/58 and last saw him alive on 12/31/58 Death occurred at 10:35 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. L. OSTERHOLM (Degree or title) M.D.		22b. ADDRESS VAH ST. LOUIS, MISSOURI	
22c. DATE SIGNED 1-1-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-5-59	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Bks. Mo.	
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.		25. DATE RECD BY LOCAL REG. JAN 2 59	
26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. H.T.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *f Allen Davis Jr*

Licensed Embalmer No. *4053*

P. O. Address *St. L.*

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.