

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019478  
STATE FILE NUMBER  
2 5317

X FILED JUN 15 1959  
SL20019

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>ST CLAIR</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N. GRAND, ST LOUIS, MO.</b>		c. CITY OR TOWN <b>E. ST. LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VET ADM. HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>1117 S 14TH STREET</b>	
3. NAME OF DECEASED (Type or print) First <b>MAT</b> Middle <b>NELSON JR.</b> Last		4. DATE OF DEATH Month <b>MAY</b> Day <b>31</b> Year <b>1959</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-13-1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	9. AGE (In years last birthday) <b>60</b>
11. BIRTH PLACE (City and state or country) <b>OZAN, ARKANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>MATT NELSON</b>		13b. MOTHER'S MAIDEN NAME <b>JOANNA MCCLELLAN</b>	
14. NAME OF HUSBAND OR WIFE <b>ANNA MAE NELSON</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give service dates of service) <b>YES WW-I</b>	
16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT <b>VA HOSPITAL RECORDS, ST. LOUIS, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMA OF HEAD OF PANCREAS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>
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) <b>AORTIC VEGETATIVE VALVULAR HEART DISEASE-GENERALIZED ARTERIOSCLEROSIS</b>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>157x</b>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. Attended the deceased from <b>5-21-59</b> to <b>5-31-59</b> and last saw him alive on <b>5-31-59</b> Death occurred at <b>10:10 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22. ADDRESS <b>VAH, ST. LOUIS, MO.</b>	
22a. SIGNATURE <b>BRISON R. WILCOX</b>		22b. DATE SIGNED <b>6/1/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
23b. DATE <b>6/8/59</b>		23d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>	
24. FUNERAL DIRECTOR <b>North Office 2114 Mo. Ave. East St. Louis, Ill.</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 3 '59</b>	
26. REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>			

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 *Frank Prako ff*

Licensed Embalmer No. *4356*

P. O. Address *St. Louis, Mo*

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.