

SL-24643
AMENDED

318
XC-UNKNOWN

1003

-61-003480
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **625**

FILED VS JAN 25 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

| | | | | | | | |
|---|--|---|---|---|--|--|--|
| 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 ST. LOUIS, MISSOURI | | | Length of stay in 1b 10 DAYS | | c. CITY OR TOWN HAZELWOOD | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE. | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS ROUTE 1, BOX 19, MISSOURI BOTTOM ROAD | |
| 3. NAME OF DECEASED (Type or print) First Middle Last ANTON M. NASSAL | | | | 4. DATE OF DEATH Month Day Year 1/20/61 | | | |
| 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 6/4/96 | 9. AGE (last birthday) 64 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (City and state or country) BRIDGTON, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME BENEDICT NASSAL | | | 13b. MOTHER'S MAIDEN NAME LOUISE STEIN | | | 14. NAME OF HUSBAND OR WIFE - - - - - | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Address PETER NASSAL (BROTHER) SEE #2 | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF LUNG | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 MONTHS |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | DUE TO (b) | | | | 163X |
| | | | DUE TO (c) | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). UREMIA, RESECTION OF RIGHT UPPER LOBE OF LUNG | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 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.) | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from 1/10/61 to 1/20/61 and last saw him alive on 1/20/61 Death occurred at 7:50 AM m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <i>William T. Newton</i> WILLIAM T. NEWTON | | | | 22b. ADDRESS M.D. VAH, ST. LOUIS, MO. | | 22c. DATE SIGNED 1/20/61 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 1/23/1961 | 23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery | | 23d. LOCATION (City, town, or county) (State) Bridgeton Mo. | | |
| 24. FUNERAL DIRECTOR ADDRESS Collier Mortuary, St. Ann, Mo. | | | | 25. DATE RECD. BY LOCAL REG. JAN 21 1961 | | 26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i> | |

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann

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.