

REC'D APR 28 1951

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>988</u>		
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Montgomery</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (to this place) <u>32 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW FLORENCE</u>		<u>0700</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. #3</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>RODNEY</u> b. (Middle) <u>A.</u> c. (Last) <u>STUART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-15-51</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>7-6-25</u>		
9. AGE (In years less birthday) <u>25</u>		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		IF UNDER 15 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILK DRIVER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>BIG SPRING, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>WELTNER A. STUART</u>			13b. MOTHER'S MAIDEN NAME <u>MABEL ANNA KOPP</u>			14. NAME OF HUSBAND OR WIFE <u>DELICIE STUART</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW-II</u>		16. SOCIAL SECURITY NO. <u>488 28 0419</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS</u> ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TERRATOMA OF TESTIS</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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.				INTERVAL BETWEEN ONSET AND DEATH				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>178x</u>				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) <u>VA</u> m.		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 <u>2-12-51</u> , 19 <u> </u> , to <u>4-15-51</u> , 19 <u> </u> , that I saw the deceased known and that death occurred at <u>4:00 am</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>VA HOSPITAL, JEFF BRKS, MO.</u>		23c. DATE SIGNED <u>4-15-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-16-51</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Montgomery City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/16/51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington Blvd.</u>				

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
Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

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 this body is not embalmed, fact should be so stated above.