

FILED JUL 6 - 1957

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

21556

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>2543</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>Clayton</u>		a. STATE <u>Illinois</u>		b. COUNTY <u>Cook</u>	
c. LENGTH OF STAY (in this place) <u>DO.A.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chicago</u>		OR TOWN <u>81.20</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1246 Pratt Blvd. 8</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>LEROY</u>	b. (Middle) <u>K.</u>	c. (Last) <u>NELSON</u>	(Month) <u>June</u>	(Day) <u>30</u>	(Year) <u>1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>6-17-29</u>	9. AGE (In years last birthday) <u>22</u>	IF UNDER 1 YEAR Months <u>22</u>	IF UNDER 24 HRS. Days <u>22</u>	Hours <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Army Pvt.</u>		11. BIRTHPLACE (State or foreign country) <u>Chicago, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Amer.</u>	
13a. FATHER'S NAME <u>Henry K. Nelson</u>		13b. MOTHER'S MAIDEN NAME <u>Kathryn Siegler</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Jan. 1951</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Norman Nelson</u>		ADDRESS <u>Chicago, Ill.</u>	
18. CAUSE OF DEATH	MEDICAL CERTIFICATION						
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple skull fractures</u>	INTERVAL BETWEEN ONSET AND DEATH _____					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES <u>Passenger in an automobile that collided with tractor-trailer</u>						
	DUE TO (b) <u>collided with tractor-trailer</u>						
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Valley Park</u>		21d. (COUNTY) <u>St. Louis</u>	
21e. (STATE) <u>Mo.</u>		21f. HOW DID INJURY OCCUR? <u>Auto Collision</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 30 1951 4p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Arnold J. Willmann, 3</u>				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>7/2/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>		24b. DATE <u>5-7-1-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chicago</u>		24d. LOCATION (City, town, or county) (State) <u>Ill.</u>	
DATE REC'D BY LOCAL REG. <u>7-1-51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Lonke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McCollier's</u>		ADDRESS <u>10123 St. Charles Rd.</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

*Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address *10123 St. Charles*

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.