

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31732
State File No.
6544
Registrar's No.

FILED SEP 19 1951

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>69 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>	
		d. STREET ADDRESS (If rural, give location) <u>330 Lenhardt Lenhardt ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Louis</u> c. (Last) <u>Nelson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1951</u>
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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>April 30, 1898</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Busch-Sulzer Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Butler, Pa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>/</u>
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13a. FATHER'S NAME <u>Albert Nelson</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Noble</u>	14. NAME OF HUSBAND OR WIFE <u>Rose Nelson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-1</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rose L. Nelson</u>	ADDRESS <u>330 Lenhardt ave. Lemay</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cachexia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Metastatic carcinoma (Primary site undetermined)</u>		<u>2 mos.</u>
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>5/16/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>As above</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>1991</u>
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22. I hereby certify that I attended the deceased from May 12, 1951, to July 21, 1951, that I last saw the deceased alive on July 21, 1951, and that death occurred at 1110A St. Louis, Mo., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>BARNES HOSPITAL</u>	23c. DATE SIGNED <u>7/21/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 24, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mason & Olive St. Rd. St. Louis Co</u>
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DATE REC'D BY LOCAL REG. <u>JUL 23 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister</u>	ADDRESS <u>U. & L. Co. 7814 S. Broadway</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Harry J. Spumacke*

Licensed Embalmer No. *2679*

P. O. Address *7814 J Broadway*

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.