S. No. 2
M—1-4-41
. 5-17-39
I X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4750

Registrar's No. 1019

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4252 Shenandoah
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 200

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4252 Shenandoah Ave.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jennie E. Nelson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Jay Nelson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 10, (Day) 1854 (Year)

8. AGE: Years 87 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Benton (City, town, or county) Ill. (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name William B. Elkins
13. Birthplace Elkins (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Malida Godbey
15. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant

(b) Address 4210 Shenandoah

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/2/42 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive St.

19. (a) FEB 2 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1942 hour 1 minute 8 P.M.

21. I hereby certify that I attended the deceased from April 19 1941, to Jan 31 1942, that I last saw her alive on Jan 31 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Stomach with metastasis.	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic myocarditis and hypertension.	1 yr.

Major findings:
Of operations no
Of autopsy no.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature James A. Forsen (M. D. or other) M.D.

Address 3903 Olive Date signed 1-31-42

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Neville D. Frohwitter

Licensed Embalmer No. 3696

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.