

FILED JAN -5 1943

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Park Lane Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Marvin Elkins

3. (b) If veteran, name war..... 3. (c) Social Security No. 495-12-7469

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Grace Elkins 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Feb 13, 1905  
(Month) (Day) (Year)

8. AGE: Years 37 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business.....

MOTHER FATHER  
12. Name Will Elkins  
13. Birthplace Texas  
(City, town, or county) (State or foreign country)  
14. Maiden name Juniata Whitney  
15. Birthplace Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Elkins

(b) Address 5350 Janet

17. (a) Burial (b) Date thereof 12/28/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Calvary Cemetery

(c) Place: burial or cremation.....

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) DEC 27 1942 (b) Jo F. Brudeck  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5350 Janet  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28  
year 1942 hour 6.12 P. M. minute..... M.

21. I hereby certify that I attended the deceased from 12-24-42, 19....., to 12-25-42, 19.....;  
that I last saw him alive on 12-25-42, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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

(a) Accident, suicide, or homicide (specify).....

(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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature [Signature] (M. D. or other) M. D.  
Address 4930 Lindell, St. Louis, Mo. Date signed 12-28-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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..... *Florry Eynck* .....  
Licensed Embalmer No..... *1284* .....  
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.**