MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-006773
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1163

FILED VS FEB 20 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 9/72

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Length of stay in 1b: 40 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Luke's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3951 West Pine Blvd — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First / Middle / Last: Jennie Winter Nelson
4. DATE OF DEATH Month Day Year: February 4,1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/20/1873
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boyd-Welsch Shoe Factory
10b. KIND OF BUSINESS OR INDUSTRY: Inspector
11. BIRTHPLACE (City and state or country): Cairo, Ill
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: George Winter
13b. MOTHER'S MAIDEN NAME: Emmaline Corbin
14. NAME OF HUSBAND OR WIFE: Walter Nelson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT: MissMarie D Berry — Address: 3951 W Pine 8

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Many years
DUE TO (c) Hypertension 331x — Many years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1/20/61, to 2/4/61 and last saw her alive on 2/4/61
Death occurred at 8:20 A.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): John A. Heslick, M.D.
22b. ADDRESS: 5535 Delmar
22c. DATE SIGNED: 2/4/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 6,1961
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Memorial Gardens
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS: ALEXANDER & SONS 6175 Delmar
25. DATE RECD. BY LOCAL REG.: FEB 6 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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_____
Signature of Student Embalmer

Signed Jos. E McCulloh

Licensed Embalmer No. 24 Cl

P. O. Address 6178 Rdmol

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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