

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REG MAR 11 1941  
Registration District No. **2084**

Primary Registration District No. **208**

Registrar's No. **391**

**1. PLACE OF DEATH:**  
(a) County St. Louis  
(b) City or town Jennings, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5805 Janet  
(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

**3. (a) PRINT FULL NAME** Frances C. Webster  
**8. (b) If veteran,** \_\_\_\_\_ **3. (c) Social Security** \_\_\_\_\_  
name war \_\_\_\_\_ No. None

**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Widowed

**6. (b) Name of husband or wife** Lincoln Webster **6. (c) Age of husband or wife if** \_\_\_\_\_  
alive \_\_\_\_\_ years

**7. Birth date of deceased** June 7, 1862  
(Month) (Day) (Year)

**8. AGE:** Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_  
78 8 10 hr. \_\_\_\_\_ min.

**9. Birthplace** \_\_\_\_\_ Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER** { **12. Name** Henry Barnes

**13. Birthplace** \_\_\_\_\_ Louisiana  
(City, town, or county) (State or foreign country)

**14. Maiden name** Mary Nunnrey

**15. Birthplace** \_\_\_\_\_ Unknown  
(City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** Lillie Reilly

**(b) Address** 3852 Russell

**17. (a) Burial** \_\_\_\_\_ **(b) Date thereof** 2/21/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Memorial Park Cemetery

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

**(b) Address** 4234 Manchester

**19. (a) FEB 20 1941** D. K. Meyer M.D.  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County St. Louis  
(c) City or town Jennings  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5805 Janet  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month February day 17  
year 1941 hour Unknown minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** Feb 3  
1941 to Feb 19 1941  
that I last saw him alive on Feb 3 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to 83 a1

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_

(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** D. K. Meyer (M. D. or other)

Address 3870 Easton Date signed 2/19/41

*Louis H. Bopp*

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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.....

*Florence Eymck*

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, above space should be left blank.**