

NOV 25 1941

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH 191

(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:
Missouri Baptist Hospital. Δ
(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 JENNIE PARSONS YESLEY.

3. (b) If veteran, name war none. 3. (c) Social Security No. none.

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

6. (b) Name of husband or wife Wm E. Yesley. 6. (c) Age of husband or wife if alive 75. years

7. Birth date of deceased Nov, 20, 1865.
(Month) (Day) (Year)

8. AGE: Years 75. Months 1. Days 16. If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown, Wyatt.
13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown.
15. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wm E. Yesley.
(b) Address 6321 Lenox.

17. (a) Cremation. (b) Date thereof 1/9/1941.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C. R. Lutton & Sons
(b) Address #7233 Delmar Boulevard. 844

19. (a) JAN 7 1941 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis 096
(c) City or town Wellston, N.R.M
(If outside city or town limits, write "RURAL")
(d) Street No. 6231 Lenox Ave. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day January
year 1941 hour 1 minute _____ p. M.

21. I hereby certify that I attended the deceased from 1-4
1941 to 1-6 1941;

that I last saw her alive on 1-6-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma
Chm. Myocarditis
Bilateral Pleurisy

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 S. W. Lunsche (M. D. or other) M.D.
Address 4885 Natural Bridge Date signed 1-7-41

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

00
17
9

4885th St. Bridge
E.O. = 0528
2.4 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.