

APR 9 1941

Registration District No. 184

Primary Registration District No. 106

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

1. PLACE OF DEATH: *St. Louis*  
 (a) County: *St. Louis*  
 (b) City or town: *St. Louis 140*  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: *208 Midway Home*  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: *20 yrs*  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: *Fanny Jones*  
 3. (b) If veteran, name war: \_\_\_\_\_  
 3. (c) Social Security No.: \_\_\_\_\_

4. *Female* 5. Color or race: *White*  
 6. (a) Single, widowed, divorced, *Widowed*  
 6. (b) Name of husband or wife: *James Jones*  
 6. (c) Age of husband or wife if alive: *3-1836*  
(Month) (Day) (Year)

8. AGE: Years: *104* Months: *11* Days: *23*  
If less than one day hr. min.

9. Birthplace: *England*  
(City, town, or county) (State or foreign country)

10. Usual occupation: *Housewife*

11. Industry or business: \_\_\_\_\_

12. Name: *Thos Haynes*

13. Birthplace: *England*  
(City, town, or county) (State or foreign country)

14. Maiden name: *Miss Asplund*

15. Birthplace: *England*  
(City, town, or county) (State or foreign country)

16. (a) Informant: *Talia Kinder*

(b) Address: *578 N. 14th East St. Louisville*

17. (a) \_\_\_\_\_ (b) Date thereof: *3-12-41*  
(Burial, cremation, or recovery) (Month) (Day) (Year)

(c) Place: burial or cremation: *Elmwood Cemetery*

18. (a) Signature of funeral director: *Ray & Sons*

(b) Address: *St. Louis*

19. (a) *MAR 13 1941* (b) *V. R. ...*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: *Missouri* (b) County: *St. Louis*  
 (c) City or town: *St. Louis 4*  
(If outside city or town limits, write "RURAL")  
 (d) Street No.: *208 Midway*  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? *0* years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: *Mar* day: *11*  
 year: *1941* hour: *2* minute: *0* M.

21. I hereby certify that I attended the deceased from *Jan 26* to *Mar 11*, 19*41*  
 that I last saw her alive on *Mar 5*, 19*41*  
 and that death occurred on the date and hour stated above.

Immediate cause of death: *Chronic myocarditis 15?*

Due to: *CPA*

Other conditions: *Arteriosclerosis 15?*  
(Include pregnancy within 3 months of death)

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

(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) (e) Means of injury

Signature: *E. E. Barnett* (M. D. or other) *D*

Address: *243 W. Jefferson St. St. Louis* Date signed: *3-23-41*

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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.....

*J. M. Lenz*

Licensed Embalmer No.....

*3601*

P. O. Address.....

*St. Clair, 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.**