6
S. No. FILED OCT 27 1943
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33281

Registration District No. 318 Primary Registration District No. Registrar's No. 9277

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital, Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003 000
(a) State Missouri (b) County 17 624
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2840 Lemp Street., (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eva Mae Lawson
3. (b) If veteran, name war Nil
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 William Lawson
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased April (Month) 3rd (Day) 1910 (Year)

8. AGE: Years 33 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Belgrade (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name William Moyer
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Nettie Moyer
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant William E. Lawson
(b) Address 2840 Lemp Street.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/43 (Month) (Day) (Year)
(c) Place: burial or cremation Leadwood, Missouri
18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,
19. (a) OCT 21 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19, year 1943 hour 10:30 minute P. M.
21. I hereby certify that I attended the deceased from October 18, 1943 to October 19, 1943; that I last saw her alive on October 19, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 93
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)
While at work? (e) Means of injury
23. Signature Frank Steinberg (M. D. or other) Mg
Address 1515 Lafayette Avenue, Date signed 10/20/43

(Licensed Embalmer's Statement on Reverse Side)

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 John Ogonoski

Licensed Embalmer No. 2348

P. O. Address.....

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.