V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

Registration District No. 379

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21206

Primary Registration District No. 6076

Registrar's No. 1213

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Red Light Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Halls Ferry Memorial Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Pine Lawn 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3730 Salome Ave. 6
(If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Susie Anita Eison

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 9

6. (b) Name of husband or wife Raymond Eison

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb. 3. 1882 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	3	25	hr. ..... min.

9. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation .....

11. Industry or business At. Home

FATHER
12. Name David Lee DeMeyer
13. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cora Linn Matthews
15. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James E. Johnson
(b) Address 3730 Salome Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/29/45 (Month) (Day) (Year)
(c) Place: burial or cremation Fulton Kentucky

18. (a) Signature of funeral director [illegible]
(b) Address 2117 E. Grand Blvd.

19. (a) JUN 1 1945 (Date received local registrar) (b) E. B. McGeachen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1945 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from May 16 1945 to May 28 1945 that I last saw h. alive on May 28 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix — Duration

Due to 48 a

Due to .....

Other conditions (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)
While at work? — (e) Means of injury —

23. Signature H. S. Lawer (M. D. or other)
Address 4932 - Maryland Date signed 5-28-45

(Licensed Embalmer's Statement on Reverse Side)

Nellie Shaver
4932 Maryland

Ro 1221

JUN 8 1945

JUN 20 1945

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.