No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40165
9881

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(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: En Route to City Hospital #1
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2309 Chouteau Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Kneeland Ray Eison

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

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 27 1892 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	3	14	hr. min.

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

10. Usual occupation Proprietor

11. Industry or business Furniture Store

FATHER
12. Name Kneeland Eison
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ora Wilson
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Susie Eison
(b) Address 2309 Chouteau Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof December 13 1941 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) DEC 13 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day December year 1941 hour 2:16 minute P. M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage from Stab wound of neck. Left Carotid artery with knife in the hand of one Willie Moore Col. in Home at 2309 Chouteau Ave about 2:15 PM Dec 11-1941

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation 167

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) Homicide
(b) Date of occurrence 12/11/41
(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place)
While at work? (e) Means of injury 3

23. Signature Thomas F Allen M.D. (or other)
Address Deputy Coroner Date signed 12/12/41

(Licensed Embalmer's Statement on Reverse Side)

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

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 Di Amen

Licensed Embalmer No. 2244

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.