. S. No. 2
)M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40360

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10647

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Infirmary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10/25/47 to 11/15/47 (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. 4108 Aldine (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SUSIE YEISER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 31 (Day) 1882 (Year)
8. AGE: Years 65 Months 9 Days 15 If less than one day hr. min.
9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Maid Work
11. Industry or business
FATHER 12. Name Jacob Hawkins
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Fannie Gordon
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Dale
18. (a) Signature of funeral director C. Young
(b) Address 2620
19. (a) NOV 19 1947 (Date received local registrar) (b) (Registrar)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 15 year 1947 hour 7 minute 40 P.M.
21. I hereby certify that I attended the deceased from Oct 28, 1947 to Nov. 15, 1947 that I last saw her alive on Nov. 15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	4 days
Due to Syphilis	
hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility with mental deterioration	

Major findings:
Of operations
Of autopsy no post

PHYSICIAN: Underline the cause of 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? Means of injury
23. Signature M. P. Thomas (M.D. or other)
Address 5600 Arsenal Date signed 11/16/47

Jefferson City Printing Co.
(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 Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.