

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1 JUL 27 1935**

**20935**

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Wentz (Lake) (No. 8108 Washington)

Registration District No. 989  
Primary Registration District No. 6033

File No. \_\_\_\_\_  
Registered No. 156 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jessie Ann Payne  
(a) Residence, No. 8108 Washington St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

|  |   |   |
|--|---|---|
| 3. SEX<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED<br>HUSBAND OF (OR) WIFE OF<br><u>James Moss Payne</u>                   |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>June - 27 - 1863</u>   |   |   |
| 7. AGE   | YEARS<br><u>71</u>  | MONTHS<br><u>11</u>   |
|  | DAYS<br><u>13</u>   | IF LESS than 1 day, _____ hrs. or _____ min.                                |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Housewife</u> |   |
|  | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Own home</u>           |   |
|  | 10. Date deceased last worked at this occupation (month and year)<br><u>May - 15 - 1935</u>                     |   |
|  | 11. Total time (years) spent in this occupation _____   |   |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Chesterfield, Mo.</u>                                 |   |   |
| FATHER   | 13. NAME<br><u>Herman Ficke</u>   |   |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Germany</u>  |   |
| MOTHER   | 15. MAIDEN NAME<br><u>Mary Ann Enloe</u>  |   |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Chesterfield, Mo.</u>                                    |   |
| 17. INFORMANT (ADDRESS)<br><u>James M. Payne, 8108 Washington, Wentz Park, Mo.</u>                           |   |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>Donhomme Cem., St. Louis, Mo.</u> DATE <u>June - 12 - 1935</u> |   |   |
| 19. UNDERTAKER (ADDRESS)<br><u>Schrader Funeral Home, Ballwin, Mo.</u>                                       |   |   |
| 20. FILED <u>6-11-1935</u> <u>H. A. Boehmer</u> Registrar.   |   |   |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 10 - 1935

22. I HEREBY CERTIFY That I attended deceased from May 5 - 1935 to June 10 - 1935  
I last saw her alive on June 9, 1935. Death is said to have occurred on the date stated above, at 12:52 A. m.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis  
(Chronic)  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Dilatation of heart and Myocarditis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Purple Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Anthony J. Gans, M. D.  
(Address) 8136 Page St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Handwritten scribble or mark.

Handwritten scribble or mark.

Handwritten scribble or mark.