

Do not use this space.

MAR 5-1937

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

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.

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. 6009 Hartford St.) St. _____ Ward) _____

File No. 8249
Registered No. 1096

2. FULL NAME

Wilhemina T. Payne

(a) Residence, No. 6009 Hartford St. St. 3 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George D. Payne</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 17, 1897</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>10</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u> <u>Mo.</u>		
13. NAME <u>Fabian Grieshaber</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Wilhemina Kreidler</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No.</u>		
17. INFORMANT <u>George D. Payne</u> (ADDRESS) <u>6009 Hartford St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cem.</u> DATE <u>2-9</u> , 19 <u>37</u>		
19. UNDERTAKER <u>Kriegshauser Mortuaries</u> (ADDRESS) <u>4228 So. Kingshighway</u>		
20. FILED <u>8-10-37</u> <u>J. P. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6 37

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 to Feb 6, 1937
I last saw her alive on Feb 6, 1937 Death is said to have occurred on the date stated above, at 3:50 P. M.
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis Date of onset 7-26
Myocard Infarction
Pulmonary Infarction
Other contributory causes of importance:
92a

Name of operation _____ Date of _____
What test confirmed diagnosis: Chol 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) J. P. Bredeck M. D.
(Address) Missy Clay Co. St. Louis Mo.

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Dr. R. C. Harris
University Club

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