REC'D SEP 12 1938

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

27169
Do not use this space.

791
1003
7183

1. PLACE OF DEATH

(a) County ..... Registration District No. ..... Registered No. .....

(b) Township ..... Primary Registration District No. .....

(c) City St. Louis (d) Street No. 2601 N. Whittier St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 72 yrs. 8 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mollie B. Payne

(a) Residence, No. 4317 Labadie St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	Negro	Widow

5A. ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND~~ (OR) WIFE OF William C. Payne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October ? 1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	8	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) Saline County (STATE OR COUNTRY) Missouri

FATHER

13. NAME Anthony Thornton

14. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Martha-Unavailable

16. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Unknown

17. INFORMANT Esther M. Sherard (ADDRESS) 2601 N. Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Aug. 14, 1938

19. FUNERAL DIRECTOR (NAME) Charles J. Bates (ADDRESS) 4107 Finney Avenue

20. FILED AUG 13 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11-, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-31-, 1938, to 8-11-, 1938

I last saw her alive on 8-11-, 1938. Death is said to have occurred on the date stated above, at 10:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	7-31-38

Other contributory causes of importance: Senile Dementia

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy Yes

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) H. H. Lippmann, M. D.

(Address) Homer Phillips Hosp. 2601 N. Whittier St. Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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, James A. Johnson, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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

If this body is not embalmed, above space should be left blank.