

REC'D JUN 12 1939

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

17256
Do not use this space.

791
1008

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. Homer Phillips Hospital St. Life (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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 500 Annie Payne

(a) Residence, No. 3034 Rutger St. 18 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 18, 1864		
7. AGE	YEARS 74	MONTHS 07
	DAYS 6	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	nil
	9. Industry or business in which work was done, as 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) St. Louis (STATE OR COUNTRY) Missouri		
FATHER	13. NAME George Dodd	
	14. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME Lucinda Green	
	16. BIRTHPLACE (CITY OR TOWN) Mississippi (STATE OR COUNTRY)	
17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier		
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE May 29 19 39		
19. FUNERAL DIRECTOR (NAME) J.W. Hughes (ADDRESS) 2620 Lawton		
20. FILED MAY 26 1939 <i>J.F. Bredich</i> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 24, 1939** 19
22. I HEREBY CERTIFY, That I attended deceased from **May 17, 1939** 19..... to **May 24, 1939** 19.....
I last saw h. **or** alive on **May 24, 1939** 19..... Death is said to have occurred on the date stated above, at **4:50 p.**
The principal cause of death and related causes of importance were as follows:

**Hypertensive heart disease
Diabetes Mellitus
Chronic nephritis**

Date of onset
5/17/39

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? **clinical** 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 **NO**
(Signed) *H. J. Lyman*, M. D.
(Address) *See in Whittier*

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.

RECORD THIS IS 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

Lyda Hughes
.....
Licensed Embalmer No. *2938*
.....

P. O. Address.....

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, above space should be left blank.