DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D JUL 12 1939

Registration District No. 1003

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 20523

Registrar's No. 5367

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital No.1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 12 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 26

(d) Street No. 3716 Blair (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 500 Andrew Payne

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Annel Payne (Redfield

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Nov 29, 1875 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
~~64~~	63	6	16	hr. min.

9. Birthplace Louisville, Ky. (City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name George Payne
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lizzie Bellnapp
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. Kent
(b) Address City Hospital No.1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-1939 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director Matt Hermann & Son
(b) Address 2161 E. Fair

19. (a) JUN 16 1939 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14, year 1939 hour 3.50 minute p M.

21. I hereby certify that I attended the deceased from 6/2/39, 19__, to 6/14/39, 19__; that I last saw him on 6/14/39, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Generalized Arteriosclerotic Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Hypertrophy of prostate with acute retention

Major findings:
Of operations
Of autopsy none

Duration

PHYSICIAN

Underline the cause to 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? (e) Means of injury

23. Signature Kenneth L. Carter (M. D. or other) MD
Address 1515 Lafayette, St Louis Date signed 6/15/39

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19511

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 Leonard Hamilton

Licensed Embalmer No. 2967

P. O. Address 2161 E. Fair

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.