

AUG 11 1939
Registration District No.

791

Primary Registration District No.

1. PLACE OF DEATH:

1008

- (a) County _____
 (b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Since July 5, 1939
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME

EMMA PAYNE 57

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Leonard Payne

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

7. Birth date of deceased Aug. 5, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	11	4	hr. _____ min.

9. Birthplace Dresden Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business

12. Name Pete Williams
 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Rosie ?
 15. Birthplace Unk. unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rosa Bugas
 (b) Address #289a West Cote Brilliante

17. (a) Burial (b) Date thereof July 12 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director W. C. Bates
 (b) Address 4107 Finney Avenue

19. (a) JUL 11 1939 (b) J. B. [Signature]
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4289a West Cote Brilliante
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9,
 year 1939 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 5, 1939
 _____, 19____, to July 9, 1939, 19____;
 that I last saw her alive on July 9, 1939, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
 Duration 10 days

Due to --

Due to ---

Other conditions --
(Include pregnancy within 3 months of death)

Major findings: --
 Of operations _____

Of autopsy --

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? _____

While at work _____ (Specify type of place)
 (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address Homer G. Phillips Hosp Date signed 7/11/39

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, or by.....

James A. Johnson

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

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 comply with the above constitutes grounds for revocation of license.)

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