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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 21 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 8847

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2257

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

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: Pronounced Dead City Hosp #20 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 45 yrs years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 00021

(c) City or town St Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 1906 Delmar Blvd (If rural, give location)

(e) If foreign born, how long in U. S. A.? Native 0 years.

3. (a) PRINT FULL NAME Lester Payne

3. (b) If veteran, name war world war

3. (c) Social Security No. 495-16-9207

4. Sex male 2

5. Color or race col

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife ~~Father~~

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

7. Birth date of deceased July (Month) 22 (Day) 1889 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 51 | 7 | 16 | hr. min. |

9. Birthplace Memphis (City, town, or county) / Tenn (State or foreign country)

10. Usual occupation labor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown Gunk (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Payne
15. Birthplace Memphis (City, town, or county) / Tenn (State or foreign country)

16. (a) Informant Myrtle Clayborne

(b) Address 1735 Franklin Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-15-41 (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Brks Mo

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 3133 Bell Avenue

19. (a) MAR 11 1941 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar day 8th year 1941 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis (Occlusion)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Thomas F. Callana (M. D. or other)

Address Deputy Coroner Date signed 3/10/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 S. J. Watson

Licensed Embalmer No. 269 A

P. O. Address 2769 Christean

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

**If this body is not embalmed, fact should be so stated above.**