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-4-41
17-39
X26390

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:
O. JEWISH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17 9
(d) Street No. 3018 SHENADOAH AVE. (If rural, give location) 0
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1941 hour..... minute..... 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.

3. (a) PRINT FULL NAME KEITH L. PAYNE

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced INFANT

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

7. Birth date of deceased: NOVEMBER 15 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- 1 - hr. min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business.....

12. Name CHARLES G. PAYNE

13. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name JOSEPHINE TREMAYNE

15. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Charles G. Payne

(b) Address 3018 Shenadoah av

17. (a) BURIAL (b) Date thereof DEC 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CH. CEM.

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Ave.

19. (a) DEC 16 1941 (b) E. J. Schmur
(Date received local registrar) (Registrar's signature)

Immediate cause of death: congenital heart disease

Due to.....

Due to.....

Other conditions: 157

(Include pregnancy within 3 months of death)

Major findings: Of operations ISC

Of autopsy: as above

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 10

23. Signature Lorraine Tolman (M. D. or other) 10

Address Water Bldg. Date signed 12/16/41

Duration

over
month

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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

Jose B. Volmer

Registered Apprentice No.

working under my personal supervision.

Signed *Jose B. Volmer*

Licensed Embalmer No. *4014*

P. O. Address *11111 XA 3125 Super Ave*

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, fact should be so stated above.