S. No. 2
1—1-4-41
. 5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4803 1584

Registrar's No.

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: Alexian Brothers Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 223 Weiss ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Patrick Payne

3. (b) If veteran, name war None

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 Mary Payne

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased December (Month) 28 (Day) 1873 (Year)

8. AGE: Years 68 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Galway (City, town, or county) Ireland (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER 12. Name Peter Payne

13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Julia Walsh

15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mary Payne

(b) Address 223 Weiss ave. Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director [illegible]

(b) Address 1844 S. Broadway

19. (a) FEB 20 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1942 hour 6 minute 05 a M.

21. I hereby certify that I attended the deceased from 12-11, 1941, to 2-20, 1942, that I last saw him alive on 12-15, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Stomach	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Charles Eyers (M. D. or other) M. D.

Address 7602 S. Broadway Date signed 2-20-42

(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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.