

FILED AUG 25 1942

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 6955

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:  
4235a Finney Ave. /  
(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: 050

(a) State Missouri (b) County 17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 9/1

(d) Street No. 4235a Finney Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME Moses Payne

3. (b) If veteran, name war..... 3. (c) Social Security No. 327-01-8624

4. Sex Male 2 5. Color or race Negro

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

6. (b) Name of husband or wife Josephine Payne 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased. October 20, 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>9</u>	<u>24</u>	..... hr. .... min.

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

10. Usual occupation Day laborer

11. Industry or business Packing house (Meat)

12. Name Unknown

13. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Johnson

15. Birthplace Memphis Tennessee /  
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Payne  
(b) Address 4235a Finney Ave.

17. (a) Burial (b) Date thereof Aug. 19 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Russell Undt. Co.

(b) Address 2732 Pine Street

19. (a) AUG 18 1942 (b) J. P. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 14 day.....  
year 1942 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from June 1, 1942 to Aug 14, 1942  
that I last saw him alive on July 30, 1942  
and that death occurred on the day and hour stated above.

Immediate cause of death Heart Failure 6 hrs.  
congestive

Due to chronic myocarditis

Due to Emphysema & Chronic Bronchitis

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?.....

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

23. Signature M. A. [Signature] (M. D. or other) MP

Address 2325 [Address] Date signed 8-17-42

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

180

**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 *Joel Russell*  
Licensed Embalmer No. *4112*

P. O. Address.....

**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.**