

FILED JUN 9 1948

318

1003

5020

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4055 Cook
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution All his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Edgar Payne

3. (b) If veteran Span-AM name war Span-AM 3. (c) Social Security No. 1-97-03-1449

4. Sex M 5. Color 2 race Negro 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Carrie 6. (c) Age of husband or wife if alive 55 years (Day) (Year)

7. Birth date of deceased April 4 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 24 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Bar tender -

MOTHER FATHER

11. Industry or business

12. Name Allen Payne

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

14. Maiden name Armanda Gastway

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

16. (a) Informant Mrs. Carrie Payne
(b) Address 4055 Cook Ave

17. (a) Burial (b) Date thereof JUN 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N 47 1/2 mi. J. H. Barracks
A. L. Burdick

18. (a) Signature of funeral director J. F. Bredack
(b) Address 2726 Lucas Ave
SUN 1 1948 (c) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4055 Cook Ave
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day May
year 1948 hour 12:15 A.M.

21. I hereby certify that I attended the deceased from June 7
20-1948 to 5/29/48
that I last saw him alive on 5/29/48
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Acute nephritis
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 1512

Major findings: Of operations _____
Of autopsy _____

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 T. J. Jones (M. D. or other)
Address 4830A Danco Date signed 6/24/48

JUL 20 1943

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219 E. Garfield

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.