

FILED APR 1 1948 18

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Truesdell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One day. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Teeper Payne
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Mrs Maude Payne
6. (c) Age of husband or wife if alive, years 4
7. Birth date of deceased Feb 1889
(Month) (Day) (Year)

8. AGE: Years 5 Months 1 Days 22
If less than one day hr. min.

9. Birthplace Gilena, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Railroad (Trused)

12. Name Will Payne

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

14. Maiden name Laura Teeper

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

16. (a) Informant Maude Payne

(b) Address Fort Scott, Kansas

17. (a) Removal (b) Date thereof 3-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Scott, Kansas

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 27 1948 (Date received local registry)
J. F. Brueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Bourbon
(c) City or town Fort Scott
(If outside city or town limits, write "RURAL")
(d) Street No. 212 Main St., NRC?
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1944 hour 7 minute 10 P.
21. I hereby certify that I attended the deceased from 3/25 - 3/26 - 1944
that I last saw him alive on 3/26 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Perforation Carcinomatous ulcer lower end stomach & shock
Due to Carcinoma Stomach
Due to shock

Duration 16 hrs

Other conditions Thrombosis bifurcation aorta
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy as above

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 E. M. Eversenden (M. D. or other)
Address 4960 Laclede St. Louis, Mo. Date signed 3/26/44

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

MOTHER FATHER

OCT 19 1944

MAY 10 1950

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..... *Albert G. Hoffer*
Licensed Embalmer No..... *2971*
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.