

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

39692

Filed JAN 15 1945

Primary Registration District No.

1003

Registrar's No.

11157

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(c) Name of hospital or institution:  
St. Anthony's Hospital  
(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..... Crawford  
(c) City or town..... Steelville  
(d) Street No.....  
(e) Citizen of foreign country?.....  
If yes, name country.....

3. (a) PRINT FULL NAME..... Virgil C. Payne, Jr.

3. (b) If veteran, name war..... Nil  
3. (c) Social Security No..... None

4. Sex..... Male  
5. Color or race..... White  
6. (a) Single, widowed, married, divorced..... Single

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

7. Birth date of deceased..... March 18 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 9 5 hr. min.

9. Birthplace..... Steelville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Infant

11. Industry or business.....

12. Name..... Virgil C. Payne, Sr.

13. Birthplace..... Phelps County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name..... Julia James

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

16. (a) Informant..... Julia Payne

(b) Address..... Steelville, Mo.

17. (a) Burial (b) Date thereof..... 12-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Steelville, Mo.

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

(b) Address..... 4700 Washington Blvd.

19. (a) DEC 28 1944 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Dec day..... 23  
year..... 1944 hour..... 1:30 minute..... P. M.

21. I hereby certify that I attended the deceased from..... Sept  
1944 to..... Dec 1944  
that I last saw..... alive on..... Dec 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Melasthenosis  
Duration..... 1 1/2 yrs.

Due to.....  
Due to..... 75 - 80

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy..... same

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..... J. F. Bredbeck (M. D. or ~~other~~)  
Address..... 1803 Chestnut Date signed..... 1/27/45

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

17  
9

JAN 17 1948

**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 *John Agonishi*  
Licensed Embalmer No. *3398*

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.**