S. No. 2
DM—5-43
v. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21350

Registration District No. 317 Primary Registration District No. 3068 Registrar's No. 1097

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maplewood Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year (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 University City
(If outside city or town limits, write "RURAL")
(d) Street No. 1130 Wilshire Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sam Ben Payne.
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased September 15, 1877. (Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Green City, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Levi Bottenberg.
13. Birthplace Pittsburg, (City, town, or county) Pennsylvania. (State or foreign country)
MOTHER 14. Maiden name Elizabeth Cox.
15. Birthplace Dayton, (City, town, or county) Ohio. (State or foreign country)
16. (a) Informant Mr. Sam Ben Payne.
(b) Address 1130 Wilshire Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-1945. (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) 5-14-45 (Date received local registrar) (b) E.G.M. Lawson, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th. year 1945 hour 4 minute 45 P.M.
21. I hereby certify that I attended the deceased from June, 1940 to May 10, 1945 that I last saw h. alive on May 1, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	several months
Due to 83a	
Due to	
Other conditions Myocarditis. Arteriosclerosis (Include pregnancy within 3 months of death)	Few years

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 [illegible] (M. D. or other)
Address 812 [illegible] St. St. L. Date signed 5/12/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. George E. Rendleman.
812 Olive Street 933 Arcade Building.
Hours 12 to 1 & 3 to 5 P.M.
Chestnut 9261

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 Kettler

Licensed Embalmer No. 3880

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.