S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1946

769

State File No. 480

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: 4744 Newberry Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 12 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4744 Newberry Terrace 90
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DEAN THORNTON PAYNE

3. (b) If veteran, name war --

3. (c) Social Security No. 497-10-1564

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Mary Payne

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Nov. (Month) 9 (Day) 1903 (Year)

8. AGE: Years 42 | Months 2 | Days 3 | If less than one day hr. min.

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

10. Usual occupation Waiter-job work

11. Industry or business --

FATHER
12. Name William Payne
13. Birthplace Unavailable (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Molly Thornton
15. Birthplace Unavailable (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Mary Payne
(b) Address 4744 Newberry Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) JAN 15 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan. day 12th year 1946 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions 94a
(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick E. Taylor (M.D. or other) Dep. Cor.
Address 1300 Clark Date signed 1-15-46

(Licensed Embalmer's Statement on Reverse Side)

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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 407 [illegible]

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.