

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED** 21 1946  
318 **STANDARD CERTIFICATE OF DEATH**  
1003

State File No. **35486**  
Registrar's No. **8620**

Registration District No. \_\_\_\_\_ Primary Registration District 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:  
Enroute to City Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

**3. (a) PRINT FULL NAME** Lester Payne

**3. (b) If veteran,** name war Nil

**3. (c) Social Security No.** Unknown

**4. Sex** Male **5. Color or race** White

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

**6. (b) Name of husband or wife** Pauline Payne **6. (c) Age of husband or wife if alive** 37 years

**7. Birth date of deceased.** July 17 1903  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>43</u>	<u>2</u>	<u>19</u>	hr. _____ min.

**9. Birthplace** Franklin County Illinois  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Manager Canning Factory

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER** { **12. Name** L.G. Payne

{ **13. Birthplace** Franklin County Illinois  
(City, town, or county) (State or foreign country)

{ **14. Maiden name** Lizzie Unknown

{ **15. Birthplace** Unknown Tennessee  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Pauline Payne

**(b) Address** Benton, Illinois

**17. (a) Removal** \_\_\_\_\_ **(b) Date thereof** 10-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Benton, Illinois

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

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

**19. (a)** OCT 7 1946 J. R. Bredees  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illinois (b) County Franklin

(c) City or town Benton  
(If outside city or town limits, write "RURAL")

(d) Street No. 1213 N. Maple Ave.  
(If rural, give location) N.R.

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Oct. day 6  
 year 1946 hour \_\_\_\_\_ minute 34 P. M.

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

**Immediate cause of death** \_\_\_\_\_ **Duration** \_\_\_\_\_

Coronary Occlusion  
Chronic Aortitis  
Non-syphilitic

**Due to** \_\_\_\_\_

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**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? \_\_\_\_\_

**While at work?** \_\_\_\_\_ **Means of injury** \_\_\_\_\_

**23. Signature** Dr. Alfred J. Peary **(D. or other)** \_\_\_\_\_

**Address** Dep. Registrar **Date signed** 10/7/46

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

1379  
34308

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**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..... *Elmo R. Cadwell* .....

Licensed Embalmer No..... *4077* .....

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.**