

No. 2
-12-45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1947
318

UNITED STATES BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 22558
Registrar's No. 6379

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3316 Arlington Avenue.
(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 Louise M. 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 John E. Payne.
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased April 9, 1877.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 22 hr. min.

9. Birthplace Woodlawn, Illinois.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business
12. Name John A. Lang.
13. Birthplace Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Dont know.
15. Birthplace Mt. Vernon, Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John E. Payne.
(b) Address 3316 Arlington Avenue.
17. (a) Cremation (b) Date thereof 7-5-1947.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory.
18. (a) Signature of funeral director Geo. L. Fleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) JUL 5 1947 (b) J. J. Prodeak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 870
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3316 Arlington Avenue. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes, or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1947 hour 9 minute P.M. M.
21. I hereby certify that I attended the deceased from JANUARY 20th
1947, to July 15th 1947;
that I last saw her alive on July 15th 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death
Metastatic Carcinoma
Pelvic origin.
Duration UNKNOWN
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations Above
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? (Specify type of place) (e) Means of injury
23. Signature James H. Hicks (M. D. or other) D.O.
Address 16701 Lotus Ave. Date signed 7-3-47.

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

Dr. James Hicks.
6101 Lotus Avenue.
Mulberry 1650

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 Edmund McHenry

Licensed Embalmer No. 3932

P. O. Address St. Louis

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.