

S. No. 2
-1/47
5-17-39

FILED JUN 30 1947 318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5875

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 City Hospital 3
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

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

(d) Street No. 2205 Cass Ave. 9
20 (If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Thomas Gerald Payne

3. (b) If veteran, name war..... No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 14
year..... 1947 hour..... 3:00 minute..... P. M.

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

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

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

7. Birth date of deceased..... August 25 1941
(Month) (Day) (Year)

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.

Duration

8. AGE:

Years	Months	Days	If less than one day
<u>5</u>	<u>9</u>	<u>19</u> hr. min.

Immediate cause of death.....

Internal Hemorrhage following ruptured Spleen; when he was struck Due to... by a truck driven by one, George Edward Bozier, in front of 2224 Cass Ave. around 3:00 P.M., June 14th, 1947.

Other conditions..... (Include pregnancy within 6 months of death)

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

10. Usual occupation..... Child

PHYSICIAN

Major findings: 170
Of operations.....
Of autopsy..... 21

Underline the cause of which death should be charged statistically.

11. Industry or business.....

12. Name..... Mose Payne

13. Birthplace..... Barkley Co. Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name..... Ethel Key

15. Birthplace..... Lake City Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mose Payne
(b) Address..... 2205 Cass Ave.

17. (a) Burial (b) Date thereof..... 6-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Memorial Park Cemetery

18. (a) Signature of funeral director..... Albert H. Hoppe
(b) Address..... 4700 Washington Blvd.

19. (a) JUN 16 1947 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... Accident 000

(b) Date of occurrence..... June 14th, 1947

(c) Where did injury occur?..... St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... In Public Place
(Specify type of place)

While at work?..... (e) Means of injury..... 3

23. Signature..... Catrick E. Taylor (M.D.)
Address..... Deputy Coroner Date signed..... 6-16-47

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

MOTHER FATHER

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.....

Ry W Williams

..... Licensed Embalmer No.....

3375

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.