

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2934
State File No. 694
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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:
3503 Rutger
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3503 Rutger
(If rural, give location) 7
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Effie Payne
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Green Payne
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Sept. 5, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 4 15 hr. min.

9. Birthplace Unknown Ark.
(City, town, or county) (State or foreign country)
10. Usual occupation Unemployed

11. Industry or business _____
12. Name Unknown 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Phillips
(b) Address 3503 Rutger
17. (a) Burial (b) Date thereof Jan. 24, 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cold Street
19. (a) JAN 23 1948 J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 20
year 1948 hour 12 minute 30 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 _____ Duration _____
Chronic Myocarditis
Due to decompensated
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death) 9/2
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? _____
What work? _____ (Specify type of place)
Means of injury 3
Patric E Taylor (M. D. or other) Car
Address 1300 Clark Date signed 1-23-48

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

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 *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *24575 Aldene*

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.