1/47
5-17-39

National Office of Vital Statistics

FILED JUN 7 1948

STANDARD CERTIFICATE OF DEATH

State File No. 17921

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 4742

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: St. Lukes Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5930 Kingsbury (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MATTIE PAYNE
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 11 (Day) 1880 (Year)

8. AGE: Years 67 Months 6 Days 10 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) U
10. Usual occupation School Teacher (Retired)
11. Industry or business

FATHER
12. Name Peter Clark Payne
13. Birthplace Derby (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name Martha Hawkins
15. Birthplace Derby (City, town, or county) England (State or foreign country) 4

16. (a) Informant Peter Hawkins Payne
(b) Address 5930 Kingsbury
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) MAY 23 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1948 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from May 16 1948 to May 21 1948 that I last saw her alive on May 21 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma - Colon	1 year.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Carcinoma - Colon	
Of autopsy:	

PHYSICIAN — Underline the cause of 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 Omar R. Perry (M. D. or other) M.D.
Address 4457 Maryland Place Date signed 5/22/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 William A. White

Licensed Embalmer No. 4291

P. O. Address 4228 So. Kingshighway

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.