No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

20762

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5469

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

1. PLACE OF DEATH:
(a) County ~~St. Louis, Missouri~~
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3137 Lambdin Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town 3137 Lambdin Ave 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3137 Lambdin Ave 9
(If rural, give location) 0
(e) Citizen of foreign country? 10 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna B. Cook
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 12. (Month) (Day) 1876 (Year)

8. AGE: Years 71 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Axnasse Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Cook
11. Industry or business
FATHER
12. Name Stephen Payne
13. Birthplace Mo (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Mary Payne
15. Birthplace Mo (City, town, or county) (State or foreign country) 0
16. (a) Informant Mrs Betty King
(b) Address 3137 Lambdin Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem
18. (a) Signature of funeral director Herman J. Smith
(b) Address 4247/w Labadie Ave
19. (a) JUN 16 1948 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1948 hour 4 minute 40 P M.
21. I hereby certify that I attended the deceased from June 1 1948, to June 14 1948
that I last saw her alive on 6-14 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestion Heart Disease	14 days
Due to: Chronic Nephritis	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 0
23. Signature W. H. Mansifee (M. D. or other)
Address 4330 Easton Date signed 6-15-48

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

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4048 St Ferdinand

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.