

FILED JUL 6 1948

Registration District No. 19487

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 21754

Registrar's No. 1413

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Jennings
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 2036 Hildred
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 60 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas G. Paynter

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex M. Color or race W.
 5. Color or race W.
 6. (a) Single, widowed, married, divorced M.
 6. (b) Name of husband or wife Ida Bachmann
 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased Oct. 28 1868
 (Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 7 If less than one day
 hr. min.

9. Birthplace Berkshire, England
 (City, town, or county) (State or foreign country)10. Usual occupation Erecting Engineer11. Industry or business Heine Boiler Co.12. Name William Paynter13. Birthplace England
 (City, town, or county) (State or foreign country)14. Maiden name Elizabeth Jones15. Birthplace England
 (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Thos. Paynter(b) Address 2036 Hildred17. (a) burial (b) Date thereof 6-7-48
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Peters18. (a) Signature of funeral director Alexander Son(b) Address 6175 Delmar19. (a) 6-7-48 (b) Gene J. Hays
 (Date received local registrar) (Registrar's signature)23. Signature Eugene J. Arnold (M.D. or other) MDAddress 1449 Mc Laran Date signed 6/5/48

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Jennings
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2036 Hildred
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
 year 1948 hour 3: minute 00 A. M.

21. I hereby certify that I attended the deceased from Dec. 16
 1947 to June 5 1948
 that I last saw him alive on June 4 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
 Duration 6 mo

Due to 93dDue to iOther conditions.....
 (Include pregnancy within 3 months of death)Major findings: 71Of operations 71Of autopsy 71

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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature Eugene J. Arnold (M.D. or other) MDAddress 1449 Mc Laran Date signed 6/5/48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A COPY

*Dr. E. Arnold
1449 Mc Lane St.
NW. 6262
1-3-~~7~~-P.M.
6-8*

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 *Jos. E McCulloch*
Licensed Embalmer No. *2460*
P. O. Address *2173 Delmar*

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.