

S. No. 300
V. 10. 48

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39243
Registrar's No. 2784

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2784

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOA St. Louis County Hosp/ 11</u>		d. STREET ADDRESS (If rural, give location) <u>3837 Page Blvd.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> b. (Middle) _____ c. (Last) <u>Payne</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11/17/50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8/18/1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Private Family</u>	9. AGE (In years last birthday) <u>50</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mts. _____
11. BIRTHPLACE (State or foreign country) <u>Rolla, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unavailable</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Mable Payne</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mable Payne, 3837 Page Blvd.</u> ADDRESS _____	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>Chor. Myocarditis</u>			<u>10 yrs</u>
DUE TO (c) <u>Hypertension</u>			<u>10 yrs</u>
Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			<u>25 yrs</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>2520</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED (WHILE AT WORK) (NOT WHILE AT WORK) <input checked="" type="checkbox"/> _____		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>April 15, 1940</u> , to <u>Nov 17, 1950</u> , that I last saw the deceased alive on <u>Nov 15, 1950</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>May Staloff MD</u> (Degree or title)		23b. ADDRESS <u>6320 Forsythe Blvd.</u>	
23c. DATE SIGNED <u>11/19/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11/20/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. J. Gates</u> ADDRESS <u>4107 Finney Avenue</u>	
DATE REC'D BY LOCAL REG. <u>11/19/50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Tomke, MD</u>	

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

SEP 26 1956

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John R. Cunningham

Signed.....
Student Embalmer

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.