

FILED AUG 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28303

BIRTH NO. _____ REG. DIST. NO. 2012 PRIMARY REG. DIST. NO. 3044 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves	
		d. STREET ADDRESS (If rural, give location) 532 Clark	

3. NAME OF DECEASED (Type or Print) a. (First) LESLIE b. (Middle) EVERETT c. (Last) PAYNE			4. DATE OF DEATH (Month) (Day) (Year) Aug. 14, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 1, 1904		9. AGE (In years last birthday) 50		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Industrial Eng;		10b. KIND OF BUSINESS OR INDUSTRY McQuay-Norris		11. BIRTHPLACE (State or foreign country) Webster Groves, Mo.	

13a. FATHER'S NAME Byrd F. Payne		13b. MOTHER'S MAIDEN NAME Harriett Denny		14. NAME OF HUSBAND OR WIFE Essie E. Payne	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-07-5699		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Essie E. Payne Webster Groves Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		DUE TO (b) Had coronary thrombosis Jan. 1950				immediate	
ANTECEDENT CAUSES		DUE TO (c) Coronary Sclerosis					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 9/14, 1954, to 8/14, 1954, that I last saw the deceased alive on 8/14, 1954, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE W. Allee M.D.		23b. ADDRESS Eldon Mo		23c. DATE SIGNED 8/15/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 18-54		24c. NAME OF CEMETERY OR CREMATORY Oak Hill		24d. LOCATION (City, town, or county) St. Louis County Mo.	
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DATE REC'D BY LOCAL REG. Aug. 16, 54		REGISTRAR'S SIGNATURE C. Deretta Waltz		25. FUNERAL DIRECTOR'S SIGNATURE Louis N. Phillips		ADDRESS Eldon	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2661

4257
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REGISTERED

NOV 6 1951

AUG 31 1951

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.....

Louis D. Phillips

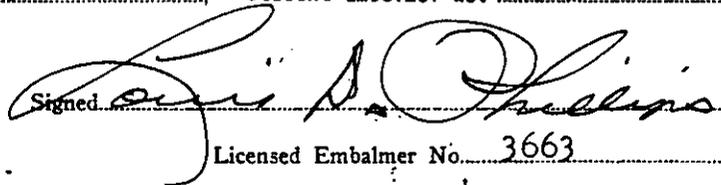
Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 3663

P. O. Address Eldon

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.