

FILED MAR 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7044**
1845

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) 8 days		c. CITY OR TOWN Kinloch		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				e. STREET ADDRESS (If rural, give location) 43 Monroe Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) LEE c. (Last) PAYNE JR			4. DATE OF DEATH (Month) (Day) (Year) Feb 19. 1956				
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 1 Feb 34	
9. AGE (In years last birthday) 22		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Anodize Operator		10b. KIND OF BUSINESS OR INDUSTRY Aircraft		11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Mo.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert L. Payne Sr.			13b. MOTHER'S MAIDEN NAME Tecumsia Williams			14. NAME OF HUSBAND OR WIFE Not Married	
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. 491 34 2733		17. INFORMANT'S SIGNATURE OR NAME Tecumsia Payne, Kinloch, Mo. ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tubercularly Carcinoma 3rd degree Burns of approximately 60% of Body, suffered when deceased fell in tank of boiling water while working at DuPont Aircraft Co., Lambert Field, about 10:45 pm., July 10, 1956. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition of death None					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Factory		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) County (STATE) Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 10 9:10 pm.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E917.35			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE James M Kelly Deputy Registrar (Degree or title) _____				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 23 Feb 56		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) Berkeley, Mo.	
DATE REC'D BY LOCAL REG. FEB 21 1956		REGISTRAR'S SIGNATURE J. Carl Smith mo		25. FUNERAL DIRECTOR'S SIGNATURE Boyd Bros, Kinloch, Mo. ADDRESS _____			

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edward A. Quinn*

Licensed Embalmer No.....4444

P. O. Address..St..Louis..1

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**