

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10852**
Registrar's No. **2833**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION 2618A SLATTERY		STREET ADDRESS (If rural, give location) 209 2618A SLATTERY	

3. NAME OF DECEASED (Type or Print) MR. BENJAMIN		a. (First)	b. (Middle)	c. (Last) PAYNE	4. DATE OF DEATH (Month) (Day) (Year) 3 19 1957	
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH 6-20-1890	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FREIGHT HANDLER		10b. KIND OF BUSINESS OR INDUSTRY WABASH R.R.		11. BIRTHPLACE (City and State or Foreign Country) MEMPHIS, TENN. 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MRS. EMMA PAYNE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES W.W.I.	16. SOCIAL SECURITY NO. 499-01-2948	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. EMMA PAYNE 2618A SLATTERY	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Chr. Myocarditis		INTERVAL BETWEEN ONSET AND DEATH Sept 1956
ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Angina Coronary occlusion		
	DUE TO (c) 420.1		
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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-7-57	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 9-25-56 3-7-57	
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22. I hereby certify that I attended the deceased from **Sept 25, 1956 to 3/7, 1957**, that I last saw the deceased alive on **3/7/57, 19**, and that death occurred at **6:10 P.M.**, from the causes and on the date stated above. **3-21-57**

23a. SIGNATURE Wayne H. Weaver-D.O. (Degree or title) Dr. Wayne H. Weaver	23b. ADDRESS 4114 Easton	23c. DATE SIGNED 3/21/57
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24a. BURIAL, CREMATION, REMOVAL REMOVAL	24b. DATE 3-25-57	24c. NAME OF CEMETERY OR CREMATORY NATIONAL	24d. LOCATION (City, town, or county) (State) JEFFERSON BRKS. MO.
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DATE REC'D BY LOCAL REG. MAR 22 57	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Bennie Loue 3103 Washington
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(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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Alab*

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.