

No. 500
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 2 3 1 2 1
State File No.

FILED JUL 1 1957

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>548</u>		Registrar's No. <u>1407</u>			
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS COUNTY</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 OR TOWN <u>WEBSTER GROVES</u>		c. LENGTH OF STAY (If in place) <u>78 yrs</u>		c. CITY OR TOWN <u>WEBSTER GROVES</u>		d. 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 <u>162 EAST KIRKHAM</u>				e. STREET ADDRESS (If rural, give location) <u>162 E. KIRKHAM</u> <u>4577 0</u>					
3. NAME OF DECEASED (Type or Print) <u>LOUISE</u>			a. (First)		b. (Middle) <u>PAYTON</u>		c. (Last)		
4. DATE OF DEATH <u>MAY 25 1957</u>		(Month)		(Day)		(Year)			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>SEP 20, 1879</u>			
9. AGE (In years last birthday) <u>78</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOMESTIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FLORISSANT MO</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>DICK LEWIS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>LEE PAYTON (DECEASED)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louise Payne 162 E. Kirkham</u>		18. 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, 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) <u>Acute CORONARY OCCLUSION</u>				DUE TO (b) _____				30 minutes	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>									
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? <u>2</u>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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 <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>					
22. I hereby certify that I attended the deceased from <u>May 23, 1957</u> , to <u>May 25, 1957</u> , that I last saw the deceased alive on <u>May 25, 1957</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Louise Payne</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>876 N. Champin St. St. Louis</u>		23c. DATE SIGNED <u>5-27-57</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-3-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graves Cemetery, St. Louis</u>		24d. LOCATION (City, town, or county) _____		(State) _____	
DATE REC'D BY LOCAL REG. <u>6-3-57</u>		REGISTRAR'S SIGNATURE <u>Hebecl K. Somke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Conrad Bonstine</u>		ADDRESS <u>1778 Kirkham Ave</u>			

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

Lester J. Gander
Licensed Embalmer No. 424

P. O. Address 1350
Albion, N.Y.

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.