

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3428

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

318

1003

762

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. ANTHONY</u>		Length of stay in 1b <u>5 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>3642 DUNNICA</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY — PAYNE</u>		4. DATE OF DEATH Month Day Year <u>1-18-1958</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-3-1867</u>
9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months Days <u>— 75</u>	IF UNDER 24 HRS. Hours Min. <u>— —</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>AT HOME</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS. MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>PAUL MEISSER</u>	
13b. MOTHER'S MAIDEN NAME <u>MARGARET SENTI</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>NO NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT Address <u>DORAMAY PAYNE 3642. DUNNICA</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Adenocarcinoma sigmoid</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Arteriosclerotic Heart disease & failure.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1533</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____		20c. TIME OF INJURY Hour Month Day, Year a.m. p.m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY, TOWN, OR LOCATION _____		COUNTY STATE	
21. I attended the deceased from <u>Jan 7, 1958</u> to <u>Jan 18, 1958</u> and last saw her alive on <u>Jan 18, 1958</u> Death occurred at <u>10:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Joseph E. Carney MD</u>	
22b. ADDRESS <u>906 Olive</u>		22c. DATE SIGNED <u>1-21-58</u>	
23a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>		23b. DATE <u>1-22-1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET. BURIAL PARK.</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS. MO</u>	
24. FUNERAL DIRECTOR <u>Dinghemmelle. 3819 So Grand Blvd</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 21 '58</u>	
26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		27. _____	

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 *George J. Hoffmann*
Licensed Embalmer No. *4617*
P. O. Address *St. Louis 28 Mo*

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.