

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25094

1. PLACE OF DEATH

County St. Louis mo. Registration District No. 791
Township St. Louis mo. Primary Registration District No. 10003
City St. Louis mo. No. 2702 Randolph ave. St. _____ Ward)

File No. _____
Registered No. 6512

2. FULL NAME Mary Payne

(a) Residence, No. 2702 Randolph St. 27 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (or) WIFE OF Richard Payne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-31-1904

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>28</u>	<u>11</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

13. NAME Henry Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

15. MAIDEN NAME Ida Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Ida Walker
2702 Randolph St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 7-28 1933

19. UNDERTAKER (ADDRESS) Emmett Jones
3436 Stanton Ave

20. FILED JUL 27 1933 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/23 1933

22. HEREBY CERTIFY, That I attended deceased from 7/19 1933 to 7/23 1933

I last saw her alive on 7/22 1933. Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

Duplicate Appendicitis
Pulmonary Tuberculosis

Date of onset
7/15-1933
7/15-1933

Other contributory causes of importance:
23A
23B
23C
23D
23E
23F
23G
23H
23I
23J
23K
23L
23M
23N
23O
23P
23Q
23R
23S
23T
23U
23V
23W
23X
23Y
23Z

Name of operation Appendectomy Date of 7/15-1933

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 1933

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. Bredeck, M. D.
(Address) 1536 Park St. St. Louis

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 2 1933

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