

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 10 1938

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

13243

Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. Homer G. Phillips Hospital St. 1003
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Elijah Payne 500

(a) Residence, No. 1215a N. 21 St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Payne
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 10 26

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Janitor
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) Kentucky /

FATHER
13. NAME Elijah Payne /

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky /

MOTHER
15. MAIDEN NAME Elvira Gant

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

17. INFORMANT Evelyn Hilliard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE GREENWOOD - DATE 4/26/38, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) People's Mutual Burial Home
3100 FRANKLIN AVE.

20. FILED APR 26 1938 J. D. Bredner
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938 to April 22, 1938

I last saw him alive on April 22, 1938 Death is said to have occurred on the date stated above, at 1:15a m.
The principal cause of death and related causes of importance were as follows:

Ruptured gastric ulcer

Date of onset 4/15/38

38

Other contributory causes of importance:
Chemical peritonitis

Name of operation Laporotomy Date of 4/16/38

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
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?
specify Richard Hackney M. D.
(Signed) Richard Hackney
(Address) 2601 N Whittier

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,

Henry Goodin

or by

Registered Apprentice No. ~~3050~~, working under my personal supervision.

Signed.....

Henry Goodin

Licensed Embalmer No. 3050

P. O. Address 4237 Labadie

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 this body is not embalmed, above space should be left blank.