

LED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8996**
Registrar's No. **2479**

V. S. No. 2
OM-11-10-39
Rev. 5-17-39
I-X21492

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME JAMES KEITH PAYNE.
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eugenia McBlaire Payne
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Jan. 1, 1879
(Month) (Day) (Year)

8. AGE:
Years 61 Months 2 Days 13
If less than one day _____ hr. _____ min.

9. Birthplace Warrenton Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Election Board of St. Louis, Mo.

11. Industry or business _____
12. Name Charles E.F. Payne
13. Birthplace Va.
(City, town, or county) (State or foreign country)
14. Maiden name Jeanie Brooke
15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Bpooke Payne.
(b) Address 423 Lake
17. (a) Removal Removal **(b) Date thereof** 3/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Warrenton, Va.

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmer, Blvd.

19. (a) MAR 14 1940 **(b)** J.F. B...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 6109 Mc Pherson,
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1940 hour 11¹⁵ minute A M.
21. I hereby certify that I attended the deceased from 2-10-40
19____ to 3-14-40, 19____;
that I last saw him alive on 3-13-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Brain
Due to arteriosclerosis
Due to CH Coronary Sclerosis
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W.H. O... (M. D. or other)
Address 3720 Washington St. St. Louis Date signed 3/14

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

Dr. Wm H. Olmsted
3820 Washington
Je 4511

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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 this body is not embalmed, above space should be left blank.