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FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12716

Registration District No. 791

Primary Registration District No. ....

Registrar's No. 3146

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town.....  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 days (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 99<sup>th</sup> N.R.  
(c) City or town Eldorado (If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 2 years.

3. (a) PRINT FULL NAME John L. Payne

3. (b) If veteran, name war. No. 3. (c) Social Security No. 343-03-8865

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased Nov. 4 1888 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 5 6 hr. min.

9. Birthplace Calhoun Co. Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Loader

11. Industry or business Sabara Coal Co.

MOTHER FATHER  
12. Name William Payne  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Ellis  
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Payne

(b) Address Eldorado, Ill.

17. (a) Removal (b) Date thereof 4/10/41 (Month) (Day) (Year)

(c) Place: burial or cremation Eldorado, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4320 Washington Ave.

19. (a) APR 10 1941 (b) J. P. Bredek (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10<sup>th</sup> year 1941 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 8 1941 to April 10 1941; that I last saw him alive on April 10 1941; and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage internal - site unknown

Due to lymphatic leukemia

Due to 7/2a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 7/2a  
Of autopsy

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. D. Rowland (M. D. or other) 0  
Address BARNES HOSPITAL Date signed \_\_\_\_\_

WRITE PLAINLY—USE 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

*No. Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**