

19051

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BUREAU OF THE CENSUS  
JUN 9 1942

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1175

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 days (Specify whether years, months or days)

In this community 1 1/2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Chesterfield  
(If outside city or town limits, write "RURAL")

(d) Street No. Woods Mill Rd.  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Howard Leslie Payne

3. (b) If veteran, name war No

3. (c) Social Security No. 498-18-8138

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1942 hour 10:50 minute A M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 12 1923  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death Struck rear end of an automobile while operating his motorcycle. *Duration*

8. AGE:	Years	Months	Days	If less than one day
	<u>19</u>	<u>1</u>	<u>15</u>	..... hr. .... min.

Due to Compound fractures left tibia & fibula; left femur;

Due to left hand; skull fracture with possible depression of fragments.

Other conditions fragments.  
(Include pregnancy within 3 months of death)

9. Birthplace Chesterfield Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Allen Castillon Hdw. Co.

MOTHER FATHER

12. Name Howard L. Payne

13. Birthplace Lake Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Seeger

15. Birthplace Creve Coeur Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy No

*1706 7/2*

Underline the cause to which death should be charged statistically.

16. (a) Informant Howard L. Payne

(b) Address Chesterfield, Mo. Rt. 2

17. (a) Burial (b) Date thereof 5/30/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonhomme Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 096

(b) Date of occurrence May 25, 1942

(c) Where did injury occur? Fern Ridge, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place

(Specify type of place) (e) Means of injury 13

While at work? 13

23. Signature Louis H. Bappalano  
(M. D. or other)

Address Kirkwood, Mo. 5/27/42 Date signed.....

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) MAY 29 1942 (b) H. M. Larson  
(Date received local registrar) (Registrar's signature)

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

623

46

707

(Licensed Embalmer's Statement on Reverse Side)

**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

*Theo. Schrader*

Licensed Embalmer No.

*3066*

P. O. Address

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