

FILED JUN 25 1948

Registration District No.

Primary Registration District No.

1003

5371

318

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran 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)

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. 4047 Westminster Place
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lee Thomas Payne

3. (b) If veteran, name war. None 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Divorced

6. (b) Name of husband or wife. Florance Payne 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. December 26 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 5 15 hr. min.

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

10. Usual occupation. Freight Handler

11. Industry or business

MOTHER FATHER { 12. Name. Joe Payne
13. Birthplace. Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name. Unknown Link
15. Birthplace. Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. Golden Reeder

(b) Address. 2500 Ashby Road

17. (a) Removal (b) Date thereof. 6/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Doniphan, Missouri

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

(b) Address. 4700 Washington Blvd.

19. (a) JUN 11 1948 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1943 hour 1 minute 50 AM.

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

that I last saw h..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death: Internal hemorrhage from ruptured liver, fractured rib, laceration of liver when he was struck and knocked down by an 8 ft pipe that was caught up and thrown in m. s. t. + Bob Easton track #34 of Union Station about 10:30 PM June 10 1943

Other conditions. CO-8
Major findings: Of operations 1/1/43
Of autopsy 2/1/43

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). Accident
(b) Date of occurrence. June 10 1943
(c) Where did injury occur? St Louis MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industry

While at work? yes (Specify type of place) (e) Means of injury. Auto

23. Signature. Walter J. Perry (M. D. or other)
Address. Springfield, Mo Date signed 6/13/43

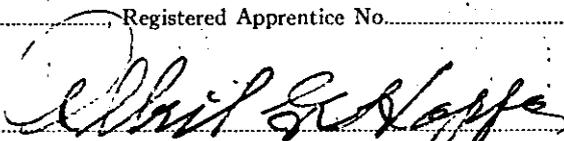
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed..... 

..... Licensed Embalmer No. 2971

..... 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.