

FILED JUN 7 1945
Registration District No. 317

Primary Registration District No. 6076

State File No. _____

Registrar's No. 1099

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Roeb
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robt. Roeb Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 142 days
(Specify whether years, months or days)
In this community same

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4227 E. Cook
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jacqueline Harriette Payne

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FD 5. Color or race N 6. (a) Single, widowed, married, divorced 5

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

7. Birth date of deceased Feb. 21 1931
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 2 22 hr. min.

9. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

10. Usual occupation student

MOTHER FATHER

11. Industry or business _____

12. Name Peruy Payne

13. Birthplace Booneville MO
(City, town, or county) (State or foreign country)

14. Maiden name Atchie Nevils

15. Birthplace Poplar Bluff MO
(City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Records
(b) Address 547 Jefferson Baraback Mo.

17. (a) Burial (b) Date thereof 5-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas J. Hates
(b) Address 4107 Finney Ave.
19. (a) 5-15-45 (b) E.B. No. 100
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1945 hour 1 minute 58 P.M.

21. I hereby certify that I attended the deceased from 12-22 1944 to 5-13 1945
that I last saw her alive on 5-13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 1 yr.?

Due to _____
Due to 13
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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)
(c) Means of injury _____

23. Signature J. L. Taylor (M. D. or other) M.P.
Address Robt. Roeb Hosp. Date signed 5-19-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

76
C
6

JUL 29 1944

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.....
.....
Licensed Embalmer No. 4259
P. O. Address..... 4107 Fanning Ave

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.