

FILED MAR 3 1947

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1881

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:
4301a N. Prairie
(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 020
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4301a N. Prairie
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
 year 1947 hour 11 minute 50 A.M.
 21. I hereby certify that I attended the deceased from
7-31- 1946, to 2-21 1947;
 that I last saw her alive on 2-20 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinomatosis
 Duration 6 years

Due to Primary lesion of intestine
and was operated on about
 Due to 6 years ago

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
 Of operations: _____
 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 Kenneth A. Larson (M. D. or other) MD
 Address 607 N. Grand Ave Date signed 2-22-47

3. (a) PRINT FULL NAME Hattie Ann Payne

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

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

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

7. Birth date of deceased January 19 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 2 _____ hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER {
 12. Name James Combs
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Payne
 (b) Address Ironton, Mo.

17. (a) Burial (b) Date thereof 2-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4702 Washington Blvd.

19. (a) FEB 24 1947 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

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.

Signed Blaine R. Cadwell

Licensed Embalmer No. 4077

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.