

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39154

State File No. 10060

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>10060</b>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Missouri.</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		
c. LENGTH OF STAY (in this place) <b>4 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>5930 Kingsbury Blv'd.,</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital.</b>				
3. NAME OF DECEASED (Type or Print)		a. (First) <b>SAMUEL</b>	b. (Middle) <b>GOODMAN</b>	c. (Last) <b>PAYNE.</b>
4. DATE OF DEATH		(Month) (Day) (Year) <b>Nov 21, 1949.</b>		
5. SEX <b>Male.</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed.</b>	8. DATE OF BIRTH <b>Jan'y 16, 1866.</b>	9. AGE (In years last birthday) <b>83.</b> IF UNDER 1 YEAR: Months Days IF UNDER 4 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Security Salesman,</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Central Republic Co.,</b>		11. BIRTHPLACE (State or foreign country) <b>Pekin, Illinois.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>				
13a. FATHER'S NAME <b>Peter Clark Payne.</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Hawkins.</b>		14. NAME OF HUSBAND OR WIFE <b>Ruth A. Buck Payne.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no.</b>		16. SOCIAL SECURITY NO. <b>no.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>S. G. Payne, 5930 Kingsbury Blv'd.,</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Nephrosis, lower nephron</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ulcer, duodenal, bleeding</b> -DUE TO- (c) 2. OTHER SIGNIFICANT CONDITIONS <b>fracture left hip ununited</b> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>3 wks</b> <b>4 wks.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>117</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>57411</b>
22. I hereby certify that I attended the deceased from <b>Oct 15, 1949,</b> to <b>Nov 21, 1949,</b> that I last saw the deceased alive on <b>Nov 21, 1949,</b> and that death occurred at <b>11:45 a.m.,</b> from the causes and on the date stated above.				
23a. SIGNATURE <b>Sam F. Seaman</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>3720 Washington St. St. Louis, Mo.</b>		23c. DATE SIGNED <b>11/22/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial.</b>		24b. DATE <b>11/25/49.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery.</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.,</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons, 7233 DeMar Blv'd.,</b>		
DATE REC'D BY LOCAL REG. <b>NOV 22 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lupton</b>		

2nd 10

**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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.