

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21902**
Registrar's No. **5748**

FILED JUL 13 1950
BIRTH NO. **39604** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1005**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 1 hr		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarinate Word Hospital		d. STREET ADDRESS 1602 Mississippi		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		a. (First) LOIS	b. (Middle) JEAN	c. (Last) Payer	4. DATE OF DEATH (Month) (Day) (Year) 6 22 50
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 6-22-50	9. AGE (In years last birthday) 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Arthur James Payer		13b. MOTHER'S MAIDEN NAME Margaret Ceciella Markey	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Arthur J. Payer</i>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Prematurity		19. ADDRESS	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 776X	
22. I hereby certify that I attended the deceased from 6-22-50 , 19___, to 6-22-50 , 19___, that I last saw the deceased alive on 6-22-50 , 19___, and that death occurred at 4:30pm , from the causes and on the date stated above.					
23a. SIGNATURE <i>[Signature]</i>		(Degree or title) MD		23b. ADDRESS 2528 So. Jefferson	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-23-50	
24c. NAME OF CEMETERY OR CREMATORY St. Matthew Cem		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. 1950		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home	
				ADDRESS 1926 Allen	

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.....

Licensed Embalmer No.

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.