

S. No. 300
V. 10-48

2050

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1951

State File No. 6513
Registrar's No. 1011

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis MO</i>		c. LENGTH OF STAY (in this place) <i>24 hours</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis MO</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Honour Phillips Hosp</i>		STREET ADDRESS <i>2729 Clark Ave</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Willie</i>		b. (Middle) <i>F</i>		c. (Last) <i>Payne</i>	
4. DATE OF DEATH (Month) <i>V</i> (Day) <i>30</i> (Year) <i>51</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>Colored</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>		8. DATE OF BIRTH <i>6/12/1919</i>		9. AGE (In years last birthday) <i>31</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Aberdeen Miss.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13a. FATHER'S NAME <i>Cloud Payne</i>		13b. MOTHER'S MAIDEN NAME <i>Josephine Pittman</i>	
14. NAME OF HUSBAND OR WIFE <i>Ido Payne</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>#2 Yes</i>		16. SOCIAL SECURITY NO. <i>258-20-7219</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Off Lee Math</i>		ADDRESS <i>2729 Clark Ave</i>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Jabronary Tuberculosis Bulbar</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>PO 2X</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>6:30 P.m.</i> , from the causes and on the date stated above.					
23. SIGNATURE <i>Wm Allen Duplone</i>		(Degree or title)		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>2/11/51</i>		23d. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23e. DATE <i>2/3/51</i>	
23f. NAME OF CEMETERY OR CREMATORY <i>National Cemetery Jefferson Bar MO</i>		23g. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <i>FEB 1 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Luster</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>McClain & Roundtree Charters Inc</i>	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leroy H. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Boston 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.