

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24897**

BIRTH NO. _____ REG. DIST. NO. **377** PRIMARY REG. DIST. NO. **500** Registrar's No. **1524**

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Koch, Mo | | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 7 mos. | | e. STREET ADDRESS (If rural, give location) 6906 a Michigan | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Peter b. (Middle) (Paul) c. (Last) Payer | | 4. DATE OF DEATH (Month) (Day) (Year) 7 3 55 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 6-29-87 |
| 9. AGE (In years last birthday) 68 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker | 11. BIRTHPLACE (City and State or Foreign Country) Iowa |
| 10b. KIND OF BUSINESS OR INDUSTRY Shoe Industry | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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| 13a. FATHER'S NAME Victor Payer | 13b. MOTHER'S MAIDEN NAME Marie Stalspart | 14. NAME OF HUSBAND OR WIFE Anna (nee Schultz) |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 494-10-0390 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records Koch Hospital, Koch, Mo. |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 16 yrs |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis | | |
| | ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> | | |
| II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | |

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| 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) 002X |

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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR |
| 22. I hereby certify that I attended the deceased from 12-7 , 19 54 , to 7-3 , 19 55 , that I last saw the deceased alive on 7-2 , 19 55 , and that death occurred at 7 a m., from the causes and on the date stated above. | | |

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| 23a. SIGNATURE H.A. Harris (Degree or title) MD | 23b. ADDRESS Koch Hospital, Koch, MO. | 23c. DATE SIGNED 7-3-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE July 6, 1955 | 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
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| DATE REC'D BY LOCAL REG. 7/5/55 | REGISTRAR'S SIGNATURE Herbert R. Donke, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec St. |
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Jack Haupt*

Licensed Embalmer No. 47

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.