

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36027  
8939

State File No. 8939  
Registrar's No.

FILED NOV 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY **F** RESIDENCE (Where deceased lived. If institution; residence before admission).  
a. STATE **Illinois** b. COUNTY **St. Clair**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) **1 wk**  
c. CITY OR TOWN **East St. Louis** d. Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Mary's Infirmary** e. STREET ADDRESS (If rural, give location) **410 S. 41st Street**

3. NAME OF DECEASED a. (First) **Booker** b. (Middle) **Payne** c. (Last) **Payne** 4. DATE OF DEATH (Month) (Day) (Year) **Sept 25, 1956**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **Dec. 21, 1912** 9. AGE (In years last birthday) **43** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **laborer** 11. BIRTHPLACE (City and State or Foreign Country) **Clayton, Alabama** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **laborer** 10b. KIND OF BUSINESS OR INDUSTRY **Hunter Packing Co** 11. BIRTHPLACE (City and State or Foreign Country) **Clayton, Alabama** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Stevenson Payne** 13b. MOTHER'S MAIDEN NAME **Needie Ford** NAME OF HUSBAND OR WIFE **Denotia Payne**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **Denotia Payne** ADDRESS **410 S. 41st Street St. Louis, Ill.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Massive Gastrointestinal Hemorrhage** INTERVAL BETWEEN ONSET AND DEATH **2 days**

\*This does not mean the mode of dying, such as heart failure, asthma, 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.** DUE TO (b) **Receding Duodenal Ulcer** **2 days**

DUE TO (c) **PERFORATED Duodenal Ulcer** **5 days** II. OTHER SIGNIFICANT CONDITIONS **Cardiac Arrest** Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **9/20/56** 19b. MAJOR FINDINGS OF OPERATION **PERFORATED Duodenal Ulcer** 20. AUTOPSY? YES  NO

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) **541.1**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **9/20**, 19**56**, to **9/25**, 19**56**, that I last saw the deceased alive on **9/25**, 19**56**, and that death occurred at **10:00 pm.**, from the causes and on the date stated above.

23a. SIGNATURE **Carl R Payne** (Name or Title) **MD** 23b. ADDRESS **1419 Kansas** 23c. DATE SIGNED **9/28/56**

24. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **9/27/56** 24c. NAME OF CEMETERY OR CREMATORY **Sunset Garden of Memory** 24d. LOCATION (City, town, or county) (State) **Centreville Township, Ill.**

DATE REC'D BY LOCAL REG. **SEP 29 1956** REGISTRAR'S SIGNATURE **g Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Marionb Offner** ADDRESS **2114 No. Ave. St. Louis, Ill.**

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

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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 *Ben H. Baldwin*

Licensed Embalmer No. *242*

P. O. Address *721 N. 26th*

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.