

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43654

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10849**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Louis, Mo. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in lb 0/9 STREET ADDRESS 1360 N. Union (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Evelyn Middle V. Last Payne			4. DATE OF DEATH Month Nov. Day 26, Year 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 19, 1908
9. AGE (In years last birthday) 48		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) Rutherford, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Emmett Crouse		14. MOTHER'S MAIDEN NAME Bobbie Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. None	
17. INFORMANT Arthur Payne, 1360 N. Union Blvd.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hemorrhage Erosion Stem Necrosis; Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 9369 DUE TO (c) 48			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 48			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Open Wound Chest, Peace, Cause and manner of same could not be determined	
20c. TIME OF INJURY Hour a. m. Month, Day, Year		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Rutherford, Tenn. COUNTY STATE	
21. I attended the deceased from 1155 A to 3 and last saw her alive on 11/27/56 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Albert H. Hoppe (Degree or title)		22b. ADDRESS 1300 Clark Ave	
22c. DATE SIGNED 11/27/56		22d. REGISTRAR'S SIGNATURE Carl Smith Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-27-56	
23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) Rutherford, Tenn. (State)	
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington, ADDRESS		25. DATE RECD. BY LOCAL REG. NOV 27 1956	
26. REGISTRAR'S SIGNATURE Carl Smith Mo		27. REGISTRAR'S SIGNATURE ms	

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 *Robert M. Murray*.....

Licensed Embalmer No.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.