

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003363

STATE FILE NUMBER

FILED FEB 3 1959

Registration District No.

Primary Registration District No.

Registrar No.

594

300

1-57

20

164

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) OR TOWN ST. LOUIS		Inside Limits 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 3444 ARLINGTON		Length of stay in lb 3 Mos.	d. STREET ADDRESS (If outside, give location) 3444 ARLINGTON		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LOUIS J. PAYEUR SR			4. DATE OF DEATH Month Day Year JAN. 17 1959		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 5, 1901	9. AGE (In years) 37	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINT SPRAYER		10b. KIND OF BUSINESS OR INDUSTRY FACTORY	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME JOSEPH PAYEUR		13b. MOTHER'S MAIDEN NAME LILLIE GARRETT		14. NAME OF HUSBAND OR WIFE MARY PAYEUR	
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. 492-09-5134	17. INFORMANT Address MARY PAYEUR, 3444 ARLINGTON		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary artery disease.</u> DUE TO (c) <u>Arteriosclerotic Heart disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.0</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> <u>4 yrs.</u> <u>4 yrs.</u>
20a. ACCIDENT <input 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.) <u>420.0</u>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <u>Oct 1955</u> to <u>11/17/59</u> and last saw <u>him</u> alive on <u>1/16/59</u> Death occurred at <u>3:33 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Murray Chensky M.D.</u> (Degree or title)			22b. ADDRESS <u>6223 Natural Bridge</u>		22c. DATE SIGNED <u>1/17/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JAN. 20, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>	
24. FUNERAL DIRECTOR <u>L.B. TANNER,</u> ADDRESS <u>6107 Natl. Bridge City</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 1959</u>		26. REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u> <u>n. J. B.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Wm Binkley*
Licensed Embalmer No. *3657*
P. O. Address *St. Louis 8 Mo*

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.