

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009183
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1490

DO NOT WRITE ON THIS STUB

AMENDED **F**

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

LED FEB 19 1963

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|---|--|---|---|--|--|---|---|---|--|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | Length of stay in 1b <u>1 week</u> | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u> | | c. CITY OR TOWN <u>East St. Louis</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Peoples Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS <u>701 Trendley Ave.</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | | | | |
| 3. NAME OF DECEASED (Type or print) First <u>BLANCHE</u> Middle <u>DAVID</u> Last <u>PAYNE</u> | | | 4. DATE OF DEATH Month <u>February</u> Day <u>9</u> Year <u>1963</u> | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Negro</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-9-1895</u> | 9. AGE (last birthday) <u>67</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | | 11. BIRTHPLACE (City and state or country) <u>Birmingham, Ky.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>Albert Catlett</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | | | | |
| 14. NAME OF HUSBAND OR WIFE | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | | 17. INFORMANT <u>Iona Anthony-701 Trendley, E. St. Louis, Ill.</u> | | 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> | | DUE TO (c) <u>Gangrene of Leg</u> | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <u>443x</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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.) | | 20c. TIME OF INJURY Hour <u>9:45</u> a.m. p.m. Month, Day, Year | | 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>Nov. 1962</u> to <u>Feb. 9th 1963</u> and last saw her/him alive on <u>Feb. 9th 1963</u> Death occurred at <u>9:45 am</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | 22a. SIGNATURE (Degree or title) <u>Heun N. Weather M.D.</u> | | 22b. ADDRESS <u>19 So. 15th Street</u> | | 22c. DATE SIGNED <u>2/11/63</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>2/12/63</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>East St. Louis, Illinois</u> | |
| 24. FUNERAL DIRECTOR <u>Marshall Funeral Home-E. St. Louis, Ill.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>FEB 11 1963</u> | | 26. REGISTRAR'S SIGNATURE <u>Boad Smith, M.D.</u> | | | | | | | | | | | |

USE BLACK INK OR TYPEWRITER RIBBON

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

Thomas Marshall Watson

Licensed Embalmer No. 4479

P. O. Address East St. Louis, Illinois

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.