

FILED JUL 31 1946

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1447th CLEARY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 4 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 2117
(If outside city or town limits, write "RURAL")
(d) Street No. 1447th CLEARY
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louise PAYTON

3. (b) If veteran, name war L 3. (c) Social Security No. L

4. Sex FEMALE 5. Color or race Col. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JAMES PAYTON 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased: APRIL 18 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Day 28 If less than one day
hr. _____ min. _____

9. Birthplace MERRIDAN MISS 1
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

MOTHER FATHER
11. Industry or business _____
12. Name GEORGE W. GATES
13. Birthplace MERRIDAN MISS 1
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Pelma Payton 1
(b) Address 2614th Cass

17. (a) BURIAL (b) Date thereof 6-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood cen
18. (a) Signature of funeral director A. F. Walton
(b) Address 3707 Stoddard St

19. (a) JUN 19 1946 (b) J. F. Briedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 15
year 1946 hour 2 minute 15 P.M.
21. I hereby certify that I attended the deceased from 2-14
1946 to 6-15 1946
that I last saw her alive on 6-15
and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive Heart Failure Duration 3 mos
Due to Rheumatic Heart Disease 275

Other conditions: 95
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury !
23. Signature J. C. Sheard (M. D. or other) MD
Address 2702 G F WANKLIN Date signed 6-18-46

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave

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 this body is not embalmed, fact should be so stated above.