

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town St. Louis  
(c) Name of hospital or institution Barnes Hospital  
(d) Length of stay: In hospital or institution 21 days  
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 080  
(c) City or town St Louis 17  
(d) Street No. Barnes Hospital 9  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Arthur Payton  
3. (b) If veteran name war  
3. (c) Social Security No. 492-10-0037

4. Sex M 2 Color or race Col  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife none  
6. (c) Age of husband or wife if alive  
7. Birth date of deceased 1873

8. AGE: Years About 74  
Months  
Days  
If less than one day hr. min.

9: Birthplace Nashville Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business John Payton

12. Name John Payton  
13. Birthplace Murfresboro Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Carrie Buford Tennessee  
15. Birthplace  
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Lee Miller  
(b) Address 2609 Walnut

17. (a) Burial (b) Date thereof 6-27-47  
(c) Place: burial or cremation Washington park

18. (a) Signature of funeral director J. W. Hughes  
(b) Address 2620 Lawton Blvd

19. (a) JUN 27 1947 (b) J. B. Bredeok  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 24  
year 1947 hour 3 minute 55 P.M.  
21. I hereby certify that I attended the deceased from June 3  
1947 to June 24 1947  
that I last saw him alive on June 24 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 24 hrs  
Due to Carcinoma of esophagus 3 mos. (hist)  
Due to  
Other conditions  
Major findings: Of operations  
Of autopsy Carcinoma of esophagus  
Bronchopneumonia  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)  
Means of injury  
23. Signature J. L. Watkins (M. D. or other)  
Address Barnes Hospital Date signed

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.....

*Thomas Marshall Lebeon*, Registered Apprentice No. *492*  
working under my personal supervision.

Signed *Syda Hughes*  
Licensed Embalmer No. *2938*  
P. O. Address *St Louis 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 this body is not embalmed, fact should be so stated above.**