

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14055

No. 300

10.48

#96033

State File No. 3439

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		e. STREET ADDRESS (If rural, give location) 112 S. 4th St	
f. LENGTH OF STAY (In this place) 20 Days		g. DATE OF DEATH (Month) (Day) (Year) April 14, 1949		3. NAME OF DECEASED (Type or Print) a. (First) MARTIN b. (Middle) PAYTON c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) April 14, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH FEB 2, 1900	
9. AGE (In years last birthday) 49		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME MARTIN J. PAYTON		13b. MOTHER'S MAIDEN NAME FRANCES HERRIGAN		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur J. Payton 5014 Chiffins			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1/2 v DUE TO (c) 007X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from 3/25/49 to 4/14/49, 19, that I last saw the deceased alive on 4/14/49, 19, and that death occurred at 6:45 pm., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John W. Murphy, M.D.				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 4/14/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-18-49		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. APR 17 1949		REGISTRAR'S SIGNATURE J. B. Lanster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cullen Kelly 4386 L. ...		_____	

(Licensed Embalmer's Statement on Reverse Side)

WRITE, PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

None

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
Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.