

STANDARD CERTIFICATE OF DEATH

State File No. **40984**
Registrar's No. **10395**

FILED NOV 19 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 5014 Chippewa St.		e. STREET ADDRESS (If rural, give location) 5014 Chippewa St.	
3. NAME OF DECEASED (Type or Print)	a. (First) ARTHUR	b. (Middle) J.	c. (Last) PAYTON
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 21, 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice Pres.-No. Title Guaranty Co.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 46
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME Martin Joseph Payton		13b. MOTHER'S MAIDEN NAME Frances Horrigan	14. NAME OF HUSBAND OR WIFE Mildred Payton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 492-01-1969	17. INFORMANT'S SIGNATURE OR NAME Mildred Payton ADDRESS 5014 Chippewa St.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 3 min.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) & acute occlusion	
DUE TO (c)		DUE TO (c) Chronic Coronary Insufficiency	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10-20-52	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from 10-20, 1952 to 10-31, 1953 , that I last saw the deceased alive on 10-31, 1953 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Eugene H. Edde M.D.		23b. ADDRESS 7971 Chippewa St.	23c. DATE SIGNED 11-2-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 3, 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. NOV 2 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John A. Shawman*
Licensed Embalmer No. *4533*
P. O. Address *Flour*

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.