

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34043

NOV 13 1939 791
Registration District No. _____

Primary Registration District No. _____

Registrar's No. 8581

1. PLACE OF DEATH: 1003
(a) County 1
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution 1 day
In this community about 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis
(d) Street No. 3854 Windsor
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME SIMPSON PEYTON
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie Peyton 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March 6th 1864

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 1 year 1939 hour 6 minute 0 M.
21. I hereby certify that I attended the deceased from 10/3/39, 19____, to 10/4/39, 19____; that I last saw him alive on 10/4/39, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
<u>75</u>	<u>6</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death
Coronary occlusion 2 days
Arteriosclerosis abt. 6 yrs
Due to _____
Due to _____
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Nashville, Tenn.
10. Usual occupation Laborer
11. Industry or business odd jobs
12. Name Pate Peyton
13. Birthplace Unknown Tenn.
14. Maiden name Ann Unknown
15. Birthplace Unknown Tenn.

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Marie Peyton
(b) Address 3854 Windsor Pl.
17. (a) Burial (b) Date thereof 10/7/39
(c) Place: burial or cremation Greenwood Cem.
18. (a) Signature of funeral director Chas. Gates
(b) Address 4107 Finney Ave.
19. (a) Oct 6 1939 (b) J. P. [Signature]

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) (e) Means of injury _____
23. Signature H. J. [Signature] (M. D. or other) _____
Address 2601 N. Whittier Date signed 10/5/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

..... James A. Johnson, Registered Apprentice No.....
working under my personal supervision.

Signed

James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney 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, above space should be left blank.