No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28095

FILED AUG 23 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7070

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

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: 27 N. NEWSTEAD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 27 N. NEWSTEAD
(If rural, give location)

(e) Citizen of foreign country? 19 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME AGNES G. PAYTON

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHN J.

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased APRIL (Month) 21 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	3	20	hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSE

11. Industry or business WIFE

FATHER
12. Name JAMES MORRISON
13. Birthplace (City, town, or county) SCOTLAND (State or foreign country)

MOTHER
14. Maiden name MARY TANSEY
15. Birthplace (City, town, or county) IRELAND (State or foreign country)

16. (a) Informant John J. Payton
(b) Address 27 N. NEWSTEAD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 13, 48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 4386 LINDELL BLVD

19. (a) AUG 12 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day AUG. year 1948 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 3d, 1948, to August 9, 1948 that I last saw her alive on Aug 9, 1948, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (Cancer) Squamous cell, grade II, primary right sub. maxillary gland with invasion of right lower jaw. Hyoid bone (lt) Parotid region deep. Post orbit, right neck all triangles & Pharynx wall

Duration 7½ Mo's

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma stab max. region & jaw. and neck rt + Hyoid bone

Of autopsy none

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. C. Landree (M. D.)

Address 437 Univ. Club Bldg. St Louis (3) Mo Date signed 8-11, 1948

(Licensed Embalmer's Statement on Reverse Side)

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 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.