APR 11 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

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12802

File No.
Registered No. 2855

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No. City Infirmary St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Louis Layer

(a) Residence, No. 5800 Arsenal St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Mrs Rose Layer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 28 1868

7. AGE: Years 67 Months 11 Days 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seamster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York N.Y.

FATHER

13. NAME: Louis Layer Jr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): x Germany

MOTHER

15. MAIDEN NAME: Elizabeth (unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): x Germany

17. INFORMANT (ADDRESS): J. H. Sullivan 5800 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Mary's DATE Mch. 16 1936

19. UNDERTAKER (ADDRESS): Wm Schumacher 3013 Morganford

20. FILED MAR 16 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1933, to March 12, 1936

I last saw him alive on March 12, 1936 Death is said to have occurred on the date stated above, at 11:10 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
due to hypertension

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C E Smith, M. D.
(Address) 5400 Arsenal St Louis Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD