

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.

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 791

33123
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **2** **1003**
 (b) Township..... Primary Registration District No.
 (c) City **St. Louis, Mo.** (d) Street No. **St. Lukes Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. **0** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **9177**

2. PRINT FULL NAME **Everett Layman**

(a) Residence, No. **4921 Pine Avenue** St. **NR E. Chicago, Indiana**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 28 19 37**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **May (Midgett) Layman**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 18**, 19**37**, to **Sept. 28**, 19**37**
 I last saw him alive on **Sept. 28**, 19**37**. Death is said to have occurred on the date stated above, at **1:37 A.M.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 27th, 1901**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 6 1

Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Yard Foreman**
 9. Industry or business in which work was done, as saw mill, bank, etc. **(Steel Mills)**
 10. Date deceased last worked at this occupation (month and year) **August 1937**
 11. Total time (years) spent in this occupation **Unknown**

Summary of Cause of Death
of Malignancy

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Warren, Indiana**

Other contributory causes of importance: **53C**

13. NAME **Ike Layman**

Name of operation **Cranotomy** Date of **9-27-37**

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Warren, Indiana**

What test confirmed diagnosis? **3** Was there an autopsy? **3**

15. MAIDEN NAME **Nellie Payne**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Warren, Indiana**

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT **Lena Baird** (ADDRESS) **Flat Rock, Illinois**

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE **Robinson, Ill.** DATE **September 30 19**

Manner of injury _____ Nature of injury _____

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.** (ADDRESS) **429 N. Euclid Avenue**

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) **A. M. Keum**, M. D.

20. FILED **SEP 30 1937** **J. F. Bredeck** Local Registrar.

(Address) **Quinn St. Bldg.**

2222 234 102

STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Guy W. Wilkinson

Licensed Embalmer No. 3575

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.)