o. 2
13-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1941 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40284

Primary Registration District No. 1003

Registrar's No. 10055

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:
2048 E. John Street
(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 2 6
(If outside city or town limits, write "RURAL")

(d) Street No. 2210 N. 10th St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME HENRIETTA L. LAYTON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased Sept. 21, 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	2	14	hr. min.

9. Birthplace Perryville, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business

FATHER
12. Name Aquilla Hagen 0
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lavina French
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant David Layton
(b) Address 2210 N. 10th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/40
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director A. W. McKaughlin
(b) Address 2301 Lafayette Ave

19. DEC 7 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5
year 1940 hour 6 minute 05 P.M.

21. I hereby certify that I attended the deceased from Dec 5, 1940 to Dec 6, 1940;
that I last saw h is alive on Dec 6, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal Obstruction Acute	2 da
Due to Carcinoma Intestine	1 yr.
Due to	
Other conditions No (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

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 ✓

23. Signature J. W. Pelu (M. D. ~~or other~~)
Address 2405 No Florissant St Louis Date signed 12/7/40

(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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.