

No. 2  
1-13-40  
1-17-39  
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4413

State File No. \_\_\_\_\_

FEB 14 1941  
Registration District No. 784

Primary Registration District No. 200

Registrar's No. 79

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Veterans Administration Facility  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 12/27/40  
(Specify whether years, months or days)

In this community Since 12/27/40.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 94

(c) City or town Flat River,  
(If outside city or town limits, write "RURAL") 5

(d) Street No. Box 655  
(If rural, give location) 2

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Alvin J. Layne,

3. (b) If veteran, name war World War

3. (c) Social Security No. -

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased December 16, 1895  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>0</u>	<u>27</u>	<u>hr. min.</u>

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

10. Usual occupation Salesman.

11. Industry or business -

12. Name William Layne

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Sims

15. Birthplace Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schullig

(b) Address Clinical Clerk, VAR, Jeff. Bks., Mo.

17. (a) Removal (b) Date thereof 1/14/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flat River, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JAN 14 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th  
year 1941 hour 6:00 minute 8. A. M.

21. I hereby certify that I attended the deceased from December 27, 1940 to January 13, 1941  
that I last saw him alive on January 13, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerotic heart disease and marked myocardial damage.

Due to unkn.

Due to -

Other conditions -  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations -

Of autopsy No autopsy.

Duration

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) no

(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? \_\_\_\_\_

While at work [Signature] (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature C. W. HUGHES, M.D., (M. D. or other) D  
Address Chief Medical Officer. Date signed 1/13/41.

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

MOTHER FATHER

JUL 17 1945

**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.....

Licensed Embalmer No. ....

1861

P. O. Address.....

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

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