

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 10 days
(Specify whether)

In this community 2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis,
(If outside city or town limits, write "RURAL")

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

(d) Street No. 1909 Carr St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William (Will) Layton

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced SEPARATE

6. (b) Name of husband or wife Cora Layton 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased 3 1 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 30 If less than one day hr. min.

9. Birthplace Corn Corda Pass La. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name William Layton

{ 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Pinkie Hollins

{ 15. Birthplace Corn Corda Pass La. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Carnealus Layton

(b) Address 1030 Walnut St. Helms Ark

17. (a) Buried (b) Date thereof 10-6-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Ans Lowe

(b) Address 2930 Dickson St City

19. (a) OCT 7 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 30, year 1943 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 20, 1943 to September 30, 1943; that I last saw him alive on September 30, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Indef.

Due to.....

Due to.....

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

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature Alvin Moore (M. D. or other) 0

Address 2601 Whittier Date signed 10/1/43

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

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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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

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.