

FILED JUL 31 1947

Primary Registration District No. 6076

Registrar's No. 1584

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Creek Nursing Home, 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 8 mo 23 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4480 Suburban Way 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Layton, Houston Felix

3. (b) If veteran, name war None (c) Social Security No. 489-10-4666

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

6. (b) Name of husband or wife Anna Layton 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: March 21 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Tin washer

11. Industry or business Liggett-Meyers Tobacco.

12. Name Felix Layton

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

14. Maiden name Cecelia Tucker

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

16. (a) Informant Anna Layton
(b) Address 4480 Suburban Way

17. (a) Burial (b) Date thereof 7-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville, Missouri
Albert H. Hoppe

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUL 26 1947 (b) E. G. McFarlan, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1947 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions Chronic Myocarditis
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 930

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 R. W. James (M. D. or other) _____
Address Manchester Mo Date signed 7/24/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *Albert G Hoppe*

Licensed Embalmer No..... *2971*

P. O. Address.....

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.