

FILED AUG 25 1944
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Bridgeton
(If outside city or town limits, write "RURAL") NR
(d) Street No. 4 Lambardi Court
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Ward Layman

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased July 28 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Wilbur Layman

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

14. Maiden name Hengey Patterson

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

16. (a) Informant Wilbur Layman

(b) Address Bridgeton, Mo.

17. (a) Burial (b) Date thereof 8-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparta, Illinois

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

(b) Address 4700 Washington Blvd.

19. (a) AUG 21 1944 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21
year 1944 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 18, 1944, to Aug 20, 1944.
that I last saw him alive on Aug 20, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Infarctus Senensis
Due to cause unknown

Due to _____
Other conditions (Include pregnancy within 3 months of death) 1570

Major findings: Of operations Infarctus Senensis
Of autopsy no

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)
(c) Means of injury _____

23. Signature John M. ... (M. D. or other) _____
Address 607 N ... Date signed 8-21-44

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

J. W. Wilkin

Licensed Embalmer No..... *3575*

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.