

FILED JUN 4 1945

Registration District No. **377**

Primary Registration District No. **3069**

1. PLACE OF DEATH:

(a) County Richmond Heights  
(b) City or town St. Louis County  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 month + 17 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County 41  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. St. Marys Hospital  
(If rural, give location)  
(e) Citizen of foreign country? N (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

James Patrick Layman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 3 1945  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 1 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name J. D. Layman  
13. Birthplace Seattle Washington (City, town, or county) (State or foreign country)  
14. Maiden name Mary Elizabeth Clark  
15. Birthplace Seattle Washington (City, town, or county) (State or foreign country)

16. (a) Informant J. D. Layman  
(b) Address \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20 1945  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cm

18. (a) Signature of funeral director Wm J Robert & G. Co  
(b) Address 1403 Grand Blvd

19. (a) **APR 24 1945** (Date received local registrar) (b) E. G. McBurney MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19 year 45 hour 6 minute P M.

21. I hereby certify that I attended the deceased from 3 1945 to 4-19 1945  
that I last saw him alive on 4-19 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Retinal hydes-nephrosis Bladder obstruction (congenital)  
Due to \_\_\_\_\_  
Due to 157 h  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration

high

white

PHYSICIAN

Major findings: Of operations \_\_\_\_\_  
Of autopsy dilated right ventricle  
pyloreflexion

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 John J. Davis (M. D. or other) Address 634 N. Grand Date signed 4-20-45

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. *Not Embalmed.*

Signed.....

Licensed Embalmer No.....

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.**