V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1947

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2785

Registrar's No. 3

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 8 days — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

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

(d) Street No. 3927 Ohio Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME RICHARD THOMAS LAYTON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race W

6. (a) Single, ~~widowed, married, divorced~~

6. (b) Name of husband or wife

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

7. Birth date of deceased DEC. (Month) 25 (Day) 46 (Year)

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

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

10. Usual occupation New-Born —

11. Industry or business

FATHER
12. Name BERNARD E. LAYTON
13. Birthplace ST. LOUIS, (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name Dorothy BATES
15. Birthplace LITTLEROCK (City, town, or county) ARK. (State or foreign country)

16. (a) Informant Lutheran Hospital
(b) Address 2646 Potomac Str —

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 1/2/47 (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cem

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.,

19. (a) JAN 2 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st Wednesday year ~~1946~~ 1947 hour 6:00 P.M. minute M.

21. I hereby certify that I attended the deceased from Dec. 25th, 1946, to Jan. 1st, 1947 that I last saw him alive on Jan. 1st, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia,

Due to Aspiration

Due to

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

Major findings:
Of operations

Of 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) —

(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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature [signature] (M. D. or other)

Address 453 N. Taylor Ave. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

NO EMBALMING.
****

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St., St. Louis, 18, Mo.

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.