

S. No. 2
12-45
5-17-39
X47070

FILED DEC 31 1947
Registration District No. **0947**

Primary Registration District No. **3062**

Registrar's No. **2621**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Brentwood**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2825 Brazeau Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) **15 years** (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** **96**

(c) City or town **Brentwood** **4**
(If outside city or town limits, write "RURAL")

(d) Street No. **2825 Brazeau Avenue** **1**
(If rural, give location)

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

3. (a) PRINT FULL NAME **WILLIAM HENRY LAY**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W 2**

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

7. Birth date of deceased **November 18, 1861**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	0	29	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **17** **24**
year **1947** hour **10:10** minute _____ M.

21. I hereby certify that I attended the deceased from **Nov 29** **1947** to **December 17** **1947**
that I last saw him alive on **Dec 17** **1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Quadruple Myocardial Infarction** **10 yrs**
Atherosclerosis

Due to **117 b**

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

9. Birthplace **Centerville, Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **School-teacher & farmer**

11. Industry or business **Retired**

MOTHER FATHER { 12. Name **James Lay**

{ 13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Emille Botkin**

{ 15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **J.L. Thompson**

(b) Address **2825 Brazeau Avenue**

17. (a) **burial** (b) Date thereof **12-20-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Centerville, Missouri**

18. (a) Signature of funeral director **A.W. McLaughlin**

(b) Address **2301 Lafayette Ave. St. Louis, Mo**

19. (a) **12-19-47** (b) **Gene J. Sharp**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

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 **0**

23. Signature **H. A. ...** (M. D. or other) _____
Address **198 ...** Date signed **12/19/47**

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FEB 4 1948

Dr. H.A. Goodrich
19 E. Lockwood Bl.
Web.Gr. Mo. (RE 3200)

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.P. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2301 Lafayette*

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.