No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10394

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2566

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: St Louis Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3126 N. 9th, St People Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 0 (Specify whether
In this community (years, months or days): 6 Yrs

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.: 3126 N. 9th, St 9 (If rural, give location)
(e) Citizen of foreign country? 26 (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Bruce Layton
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male 2
5. Color or race: Col
6. (a) Single, widowed, married, divorced: single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan, 5th, 1887 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	2	6	hr. min.

9. Birthplace: ? (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown 0 (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Ben Coplan 1
(b) Address: 3126 N. 9th, St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakdale Cem,
18. (a) Signature of funeral director: Ellis Fun, Home
(b) Address: 2820 Stoddard St
19. (a) MAR 15 1948 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th, year 1948 hour 2 minute 40 A.M.
21. I hereby certify that I attended the deceased from March 9 48, 19..., to March 11, 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Heart Failure	1 wk
Due to: Hypertension	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): 9 3 E.	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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: 0

23. Signature: W. A. Young (M. D. or other)
Address: 2337 Market Date signed: 3/15/48

Jefferson City Printing Co. (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 Fulton Culkin Registered Apprentice No. ....., working under my personal supervision.

Signed Fulton Culkin

Licensed Embalmer No. 4198

P. O. Address 1820 S Goddard ST

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.