

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27940

Registrar's No. 7287

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME George E Layman
3. (b) If veteran, No name war _____
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lola Layman
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July 6 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day.
76 1 12 hr. 1 min.

9. Birthplace Millwood Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Section Foreman

11. Industry or business Cotton Belt R R

12. Name Anthony Layman
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Rachael Kimbel
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Lola Layman
(b) Address 1117 North & South Rd.
17. (a) Burial (b) Date thereof 8-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd
19. (a) AUG 19 1948 (b) J. T. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 1117 North & South Rd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Aug day 18
year 1948 hour 6:30 minute P M.
21. I hereby certify that I attended the deceased from May 5, 1948, to Aug 18, 1948.
that I last saw him alive on Aug 18, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Face and Neck
Duration 10 yrs.
Due to Primary - Face

Due to 52
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Basal cell carcinoma face and neck.
Of operations _____
Of autopsy _____

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? _____ (a) Means of injury _____
23. Signature Omair R. [illegible] (M. D. or other) MD
Address 457 Maryland St. St. Louis Mo Date signed 8/19/48

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.

Signed.....

Elmo R. Cadwell

Licensed Embalmer No.....

4077

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.