. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34396

FILED OCT 18 1948

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 8662

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4479 Labadie Avenue /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0

(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4479 Labadie Avenue 9
(If rural, give location)

10 0

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

If yes, name country

3. (a) PRINT FULL NAME Frank J. Layer, Jr.,

3. (b) If veteran, name war World War # 2

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married; divorced Divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased December 9th, 1924
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
23	9	23	hr. min.

9. Birthplace Arkansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Tool And Die Maker

11. Industry or business Emerson Electric Mfg. Co.

FATHER
12. Name Frank Layer, Sr.,
13. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Winnifred Owens
15. Birthplace Arkansas /
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Layer, Sr.,
(b) Address 4479 Labadie Avenue

17. (a) Burial (b) Date thereof 10/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Boulevard

19. (a) OCT 5 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd
year 1948 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound of Aorta; self inflicted in the living room at his home 4479 Labadie Ave on Oct 2 1948, exact time unknown, Suicide while suffering from temporary mental aberration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 164

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) Suicide

(b) Date of occurrence Oct 2 1948

(c) Where did injury occur? St. Louis Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm in industrial place, in public place? In home
(Specify type of place)

While at work? no (e) Means of injury see above

23. Signature Patrick E. Taylor Dep Cor
(MD, or other)

Address 1300 Clark Date signed 10-5-48

Jefferson City Printing Co. OCT 5 1948

(Licensed Embalmer's Statement on Reverse Side)

CORONER

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.....Ralph C. Linders.....

Licensed Embalmer No.....4275.....

P. O. Address.....St. Louis, 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.