

No. 300  
-10-47  
-17-39  
-I 3906

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38268  
9664  
Registrar's No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 1003

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: Missouri Baptist 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 Emma Layton  
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife N.I. Layton 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased April 1877  
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Gays Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Switz

13. Birthplace New York  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Curry

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Waggoner

(b) Address New Florence, Mo.

17. (a) Removal (b) Date thereof 11-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mattoon, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 6 1948 (b) J B Kasper  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town Montgomery City  
(If outside city or town limits, write "RURAL")  
(d) Street No. N.R. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Nov. day 4  
year 1948 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from Nov. 2  
1948 to Nov 4 1948;  
that I last saw her alive on Nov 3 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of gallbladder Duration 2.6 mo.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Hypertensive Cardis -  
(Include pregnancy within 6 months of death) truncular disease

Major findings: Of operations \_\_\_\_\_  
Of autopsy Carcinoma of gallbladder with metastases to liver

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) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature John L. Horner (M. D. or other) M.D.  
Address 114 N. Taylor St. Louis 8 Date signed 11-5-48

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

MOTHER FATHER

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**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 Robert M Murray  
Licensed Embalmer No. 3749  
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.**