

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42699**
Registrar's No. **11080**

48 FILED JAN 7 1950

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO.		b. COUNTY C.A.D.	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		d. STREET ADDRESS 2528 W. Palm. St.			
3. NAME OF DECEASED a. (First) John		b. (Middle) Arthur A.		c. (Last) Layton	
4. DATE OF DEATH (Type or Print) 12 24 49		4. DATE OF DEATH (Month) (Day) (Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 9-22-1879		9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) Perry Co. Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Odin Layton		13b. MOTHER'S MAIDEN NAME Emma Moore		14. NAME OF HUSBAND OR WIFE Emma Layton Mary	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 188-09-0299		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma Layton 2528 W. Palm. St	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as asphyxiation, asphyxia, etc. * means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage with antedecent causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cortis paralysis, left. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH Jan 11/1/49	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 331X		22. I hereby certify that I attended the deceased from Nov. 1, 1949, to Dec. 24, 1949, that I last saw the deceased alive on Dec. 23, 1949, and that death occurred at 4:15 P.M., from the causes and on the date stated above.			
23a. SIGNATURE William H. Grandman, M.D.		23b. ADDRESS 3118 N. Grand St. St. Louis		23c. DATE SIGNED 12/24/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-27-49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Lester		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodhart & Goodhart 2228 St. Louis	

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

5/1/49

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed E. H. Remelick

Licensed Embalmer No. 4283

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 42699-49

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 11080

On this _____ day of _____, 195____, before me appears _____

_____, who, upon _____ oath, states that the original record of birth death

for John Arthur Layton, died 12-24-1949, 19____, in the State of

Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 14-17 should read Mary E. Layton

Instead of _____ Emma Layton

Item No. 3 should read John A. Layton

Instead of _____ John Arthur Layton

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant William W. Monahan, Jr.
Goodhart & Goodhart. Relationship. _____

Present Address.

Subscribed and sworn to before me this 17 day of Feb, 1953

My Commission expires 3-4-53 Allen J. Jaddock Notary Public.

Affidavits containing erasures will not be accepted, draw one line through error and write above it.

