

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **44330**FILED JAN 5<sup>th</sup> 1954REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **11684**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS</b>		c. CITY OR TOWN <b>10 TOWN ST. LOUIS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>4142 a NO. NEWSTEAD AVE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4142 a NORTH NEWSTEAD</b>		f. STREET ADDRESS (If rural, give location) <b>4142 a NO. NEWSTEAD</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) c. (Last) <b>LAYDEN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12/9/53</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>12/6/1873</b>
9. AGE (In years last birthday) <b>80</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED CLERK</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MISSOURI</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <b>THOMAS LAYDEN</b>	
13b. MOTHER'S MAIDEN NAME <b>MARGARET FINNERTY</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>#</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>MARY WOERLIN</b>		ADDRESS <b>4527 FOREST PARK</b>	
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 heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) <b>Arterio Sclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>420.1</b>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:56</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Patrick E. Taylor</b>		23b. ADDRESS <b>1500 Clark</b>	
23c. DATE SIGNED <b>12.10.53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>12/12/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STROOT - CARROLL</b>	
DATE REC'D BY LOCAL REG. <b>DEC 13 1953</b>		REGISTRAR'S SIGNATURE <b>Earl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>STROOT - CARROLL</b>		ADDRESS <b>4600 NATL BRIDGE A</b>	

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

HHC (Licensed Embalmer's Statement on Reverse Side)

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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *M. W. Puetter*.....

Licensed Embalmer No. *4865*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.