

# STANDARD CERTIFICATE OF DEATH

State File No. **7343**  
Registrar's No. **486**

FILED MAR 5 1954  
BIRTH NO. REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Affton</b>		c. CITY OR TOWN <b>Affton</b>	
c. LENGTH OF STAY (in this place) <b>1 yr.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 Herpel Lane</b>		e. STREET ADDRESS (If rural, give location) <b>1 Herpel Lane</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>Layton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 22 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Sept. 23 1875</b>		9. AGE (in years last birthday) <b>78</b>		if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo. 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Christ Noerper</b>		13b. MOTHER'S MAIDEN NAME <b>Magdalena Hager</b>		14. NAME OF HUSBAND OR WIFE <b>Widowed</b>	
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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>563-10-1666</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Geo. R. Bergfeld 411 Corona</b>	
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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) <b>Coronary failure</b> ANTECEDENT CAUSES <b>Hypertension</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gen. arteriosclerosis</b> DUE TO (c) <b>Arteriosclerosis of abdominal aorta</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>1 1/2 yrs</b> <b>not known</b> <b>not known</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION <b>NO</b>		19b. MAJOR FINDINGS OF OPERATION <b>447X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>		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) <b>NO</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2-8**, 19**54**, to **2-22**, 19**54**, that I last saw the deceased alive on **2-22**, 19**54**, and that death occurred at **8:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. F. Asman</b>		23b. ADDRESS <b>0 MD 9105 Garvin</b>		23c. DATE SIGNED <b>2-23-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Feb. 25 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Engelwood Cal.</b>		24d. LOCATION (City, town, or county) (State) <b>Engelwood Cal.</b>	
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DATE REC'D BY LOCAL REG. <b>2-24-54</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donker M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. P. Fendler Jr. 7128 Michigan</b>	
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WRITE PLAINLY—USING 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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clarence Lockhart*.....

Licensed Embalmer No. *309*.....

P. O. Address *7128 Ave*.....

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.