No. 300
10.48

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

FILED NOV 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39572

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10153

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place): 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St.Louis
c. CITY OR TOWN: Webster Groves 4587 1
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 210 N.Old Orchard Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) HUGH b. (Middle) PLEASANTS c. (Last) LAYTON

4. DATE OF DEATH (Month) (Day) (Year): 11-6-1956

5. SEX: M 6
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower 2
8. DATE OF BIRTH: 1-18-1877
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months ___ Days ___ — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Broker Retired
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (City and State or Foreign Country): Versailles Kentucky 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thos.K.Layton
13b. MOTHER'S MAIDEN NAME: Susan Young
14. NAME OF HUSBAND OR WIFE: Katherine Layton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: 500-24-0412
17. INFORMANT'S SIGNATURE OR NAME: Mrs.W.L.Sullivan
ADDRESS: 210 N Old Orchard

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General Arteriosclerosis — -
DUE TO (c) 334x

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Heart Disease (1950)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 25, 1946, *to* Nov. 6, 1956, *that I last saw the deceased alive on* Nov. 5, 1956, *and that death occurred at* 6.05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hiram Leggett (Degree or title) M.D. 6
23b. ADDRESS: 3720 Washington Blvd
23c. DATE SIGNED: 11/6/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-7-1956
24c. NAME OF CEMETERY OR CREMATORY: Fee Fee Cemetery
24d. LOCATION (City, town, or county) (State): St.Louis Co. Mo.

DATE REC'D BY LOCAL REG.: NOV 7 1956
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. M.D.B.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Parker-Aldrich - Webster Groves Mo.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gustav W Dieterle

Licensed Embalmer No. 432

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.