

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12947
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis Mo. (d) Street No. Christian Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

791

1003

Registered No. 3551

2. PRINT FULL NAME Joseph Lyttle 340

(a) Residence, No. Burbank, Cal. St. NR
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Lyttle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11th, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
78 2 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland13. NAME John Lyttle14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Ellen McGuillen16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Dr. C. E. Lyttle, Inc. 340 N. Kingsway18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 4/16/3819. FUNERAL DIRECTOR (ADDRESS) KRAEGER-Yoss 340 N. Kingsway20. FILED APR 15 1938 J. H. Brudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 193822. I HEREBY CERTIFY, That I attended deceased from March 7 1938 to April 14 1938I last saw him alive on Apr 14 1938 Death is said to have occurred on the date stated above, at 11.40 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis

Other contributory causes of importance:

Adverse Coronary HypertensionName of operation..... Date of.....
What test confirmed diagnosis? Physiologic Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury.....
Nature of injury.....24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....(Signed) Robert A. Warner M. D.(Address) 115 Paul Brown Bldg St. Louis 200

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed *Carlheit G. Hoffer*

Licensed Embalmer No. *2971*

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.)