300
48

FILED DEC 12 1952

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 40329

BIRTH NO. _____ REG. DIST. NO. 318 1003 PRIMARY REG. DIST. NO. _____ Registrar's No. 10692

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

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: Mississippi
b. COUNTY: Humphreys
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belzoni
d. STREET ADDRESS (If rural, give location): 8230 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Edward
b. (Middle): I.
c. (Last): Hytken

**4. DATE OF DEATH** (Month) (Day) (Year): 11 19 52

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married
**8. DATE OF BIRTH**: June ?, 1928
**9. AGE** (In years last birthday): 24 — 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): Druggist
**10b. KIND OF BUSINESS OR INDUSTRY**: Drug Store
**11. BIRTHPLACE** (City and State or Foreign Country): Louisville, Ky. 1
**12. CITIZEN OF WHAT COUNTRY?**: U.S.
**13a. FATHER'S NAME**: Ben Hytken
**13b. MOTHER'S MAIDEN NAME**: Jennie Wolff
**14. NAME OF HUSBAND OR WIFE**: None
**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.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Arthur Wolff, 1479 Central Ave., Memphis, Tenn.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION
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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTRA-CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) MYELOGENOUS LEUKEMIA — 4 years
DUE TO (c)

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 [X] 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?** 2041

22. *I hereby certify that I attended the deceased from* Nov. 5, 1952, *to* Nov. 19, 1952, *that I last saw the deceased alive on* Nov. 19, 1952, *and that death occurred at* 9:15 m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): F. R. Bradley M. D.
**23b. ADDRESS**: BARNES HOSPITAL
**23c. DATE SIGNED**: 11/20/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 11-20-52
**24c. NAME OF CEMETERY OR CREMATORY**: Local
**24d. LOCATION** (City, town, or county) (State): Memphis, Tenn.

DATE REC'D BY LOCAL REG.: NOV 20 1952
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Albert H. Hoppe, 4700 Washington Blvd

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 11 1953

## 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 Elton R. H. Renulus

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.