

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38558

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1003

State File No. ....

10256

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (in this place) <b>9 days</b>		c. CITY OR TOWN <b>St Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>5706 Nottingham</b> <b>21470</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mariag</b>		b. (Middle) <b>N</b>		c. (Last) <b>Lytle</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 22, 1955</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>		8. DATE OF BIRTH <b>Mar 22, 1886</b>	
9. AGE (In years last birthday) <b>69</b>		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) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Spain</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jaime Casablanca</b>			13b. MOTHER'S MAIDEN NAME <b>not known</b>			14. NAME OF HUSBAND/ OR WIFE <b>William Lytle, deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>495-26-9331</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Garnita Fugger 5706 Nottingham</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b> ANTECEDENT CAUSES DUE TO (b) <b>Cerebral arteriosclerosis</b> <b>2 yrs</b> DUE TO (c) <b>Hypertension</b> <b>10 yrs.</b> 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 <b>331x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? _____			
22. I hereby certify that I attended the deceased from <b>11-14</b> , 19 <b>55</b> , to <b>11-22</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>11-22</b> , 19 <b>55</b> , and that death occurred at <b>10:45A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Eugene H. Edlee MD</b>				23b. ADDRESS <b>4971 Chippewa St</b>		23c. DATE SIGNED <b>11-22-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11/25/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis County Mo</b>	
DATE REC'D BY LOCAL REG. <b>NOV 23 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J L Ziegenhein &amp; Sons 7027 Gravois</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 2 1956

**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..... *Ronald E. Berg*

Licensed Embalmer No... *416*

P. O. Address *7027 In...*

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.