

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-0277778

STATE FILE NUMBER

AUG 11 1958

Registration District No. 317

Primary Registration District No. 590

Registrar's No. 2006

0
300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Wellston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent's Hosp.		Length of stay in lb 3 weeks	d. STREET ADDRESS (If outside, give location) 5608 Pershing Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Bryan Last Lytton		4. DATE OF DEATH Month July Day 29 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 3, 1880
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 11 Days 4	IF UNDER 24 HRS. Hours 1 Min. 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MANAGER		10b. KIND OF BUSINESS OR INDUSTRY NATIONAL CANDY CO	11. BIRTHPLACE (City and state or country) Highland Park, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Rev. J. Potts Lytton	
13b. MOTHER'S MAIDEN NAME Lucy Alsop		14. NAME OF HUSBAND OR WIFE Olive Lytton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give nature of service) NO NONE		16. SOCIAL SECURITY NO. 489-09-5627	17. INFORMANT Mrs. Olive Lytton Address 5608 Pershing, St. Louis, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinoma			INTERVAL BETWEEN ONSET AND DEATH 14 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 199.2 DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 7-7-58 to 7-29-58 and last saw ^{her} him alive on 7-29-58 Death occurred at 11:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>F. F. Keckels</i>		22b. ADDRESS 7301 St. Charles Rock Rd.	22c. DATE SIGNED 7/29/58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JULY 31, 1958	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
23d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI			
24. FUNERAL DIRECTOR STOCK MORTUARY, 889 S. BRENTWOOD BLVD.		25. DATE RECD. BY LOCAL REG. 7-30-58	26. REGISTRAR'S SIGNATURE <i>Walter R. Donke M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Donor, customer, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Paul A. Wachter*

Licensed Embalmer No. *4287*
P. O. Address *Thorn*

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.