Y 24 1939

DEC'D JUN 8 1939

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

19820
Do not use this space.

1. PLACE OF DEATH St. Louis County
(a) County ~~University City Mo~~ Registration District No. 784
(b) Township 2 Primary Registration District No. 115 Registered No. 942
(c) City University City (d) Street No. 7054 Washington 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.

2. PRINT FULL NAME 250 Louise P. Vaughan
(a) Residence, No. 7054 Washington St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Clay Vaughan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30, 1886

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
52	4	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky 1

FATHER
13. NAME A. Victor Paine 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McMinville, Tenn

MOTHER
15. MAIDEN NAME Margaret Terrell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versaille, Kentucky

17. INFORMANT (ADDRESS) John Clay Vaughan 7054 Washington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem DATE 5/25/39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alexander and Sons 6175 Delmar Blvd

20. FILED MAY 24 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1933, to May 23, 1939
I last saw her alive on May 23, 1939. Death is said to have occurred on the date stated above, at 8.45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	1934
Lympho-Sarcoma	apr 1939
Humerus - Rh & other bony involvement	

Other contributory causes of importance:

Nephritis - acute	May 1939

Name of operation Exploratory Lap, Date of Febr 1937
What test confirmed diagnosis? Auscultat, Was there an autopsy? no

23. 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) John R. Vaughan, M. D.
7.17 (Address) 634 No. Grand Be.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X14028

Call

[illegible] Jan. 1 [illegible]

Cell 4824 A.M.

11 A.M. to 1 P.M.

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, Jos. E. McCulloh, or by ——, Registered Apprentice No. ——, working under my personal supervision.

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar Blvd

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, above space should be left blank.