

JAN 12 1949

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 41656  
10779  
Registrar's No.

Registration District No. 29

Primary Registration District No.

## 1. PLACE OF DEATH: 1003

(a) County 1  
 (b) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Isolation Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution One Month  
 (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME Wilma Vaughan 250

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Aug. 18, 1936  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>3</u>	<u>28</u>	hr. _____ min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Gleason Vaughan  
 13. Birthplace Ill.  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Mary Wallace  
 15. Birthplace Ill.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gleason Vaughan  
(b) Address 5600 Arsenal st.

17. (a) Burial (b) Date thereof \_\_\_\_\_  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation sub Pleasant Hillence 8

18. (a) Signature of funeral director Baumann Bros  
 (b) Address 250 Woodson Overland mo  
DEC 18 1939

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis  
 (c) City or town OVERLAND NR  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2226 Wengler  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16, 1939  
year \_\_\_\_\_ hour 10: 50 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Nov. 17,  
 \_\_\_\_\_, 1939, to Dec. 16, 1939  
 that I last saw her alive on Dec. 16, 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Meningitis  
influenza  
Bacterial  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy same

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (Specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_23. Signature Geo. S. Bazalton D. (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

10729

64401

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Gus R. Zimmerman*

Licensed Embalmer No. *2315*

P. O. Address *Overland, 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.)**

*City # 218*

If this body is not embalmed, above space should be left blank.