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

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35667
8721

BIRTH NO. 6911.2-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
d. STREET ADDRESS (If rural, give location) 3840 ST. LOUIS AVE.

3. NAME OF DECEASED (Type or Print)
a. (First) ALICE
b. (Middle)
c. (Last) VAUGHAN

4. DATE OF DEATH (Month) OCTOBER (Day) 7 (Year) 49

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH OCTOBER 6-49
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ST. LOUIS MISSOURI
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME FLOYD RAYMOND VAUGHN
13b. MOTHER'S MAIDEN NAME HELEN MARY HOUFF
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ST. LOUIS MATERNITY HOSPITAL ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity incompatible with life

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity - 6 mon gestation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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) 159
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 776X

22. *I hereby certify that I attended the deceased from* 10-6-, 1949, *to* 10-7-, 1949, *that I last saw the deceased alive on* 10-7-, 1949, *and that death occurred at* 11:35P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Saul F. Max M.D.
23b. ADDRESS 3720 Washington Blvd
23c. DATE SIGNED 10-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/10/49
24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) (State) Normandy, Missouri

DATE REC'D BY LOCAL REG. OCT 10 1949
REGISTRAR'S SIGNATURE J B Sarater
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe-4700 **ADDRESS** Washington Bl

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed NO EMBALM

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.