

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25425**
Registrar's No. **5728**

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|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 5728 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2199 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute Park Lane Hospital | | | | d. STREET ADDRESS (If rural, give location) 4021 Westminister Place. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Anna | | b. (Middle) Marie | | c. (Last) Vaughan | | 4. DATE OF DEATH (Month) (Day) (Year) June 22, 1951 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Nov 4, 1919 | |
| 9. AGE (In years last birthday) 31 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress | | 10b. KIND OF BUSINESS OR INDUSTRY Restaurant | | 9. AGE (In years last birthday) 31 | |
| 11. BIRTHPLACE (State or foreign country) East St. Louis, Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Emil Lineberger | | 13b. MOTHER'S MAIDEN NAME Mary Franey | |
| 14. NAME OF HUSBAND OR WIFE Edgar E. Vaughan | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil | | 16. SOCIAL SECURITY NO. 491-18-9909 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. W.W. Allen ADDRESS 8555 Forest Hills Blvd Dallas, Texas. | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Cerebral Apoplexy DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <input checked="" type="checkbox"/> NO <input 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) _____ | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 23HX | | | | 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 A.M. , from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) Patrick E. Taylor Curator, III | | 23b. ADDRESS 13060 Leavelle | | 23c. DATE SIGNED 6/25/51 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 24b. DATE 6-25-51 | | 24c. NAME OF CEMETERY OR CREMATORY Restland Memorial | | 24d. LOCATION (City, town, or county) (State) Dallas, Texas. | | DATE REC'D BY LOCAL REG. JUN 25 1951 | |
| REGISTRAR'S SIGNATURE J. B. Foster | | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Honne ADDRESS 4700 Washington Blvd | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 ME

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis 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.)

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