

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36955**  
Registrar's No. **9313**

FILED NOV 12 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. <b>9313</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>   |  | c. LENGTH OF STAY (In this place) _____  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  |  | 2179   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital #1</b>  |  |  |  | d. STREET ADDRESS (If rural, give location) <b>4013 Russell Ave.</b>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Jennie</b>  |  | b. (Middle) <b>E.</b>  |  | c. (Last) <b>Vaughan</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Oct. 8, 1952</b>               |  |
| 5. SEX <b>female</b>   |  | 6. COLOR OR RACE <b>white</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>  |  | 8. DATE OF BIRTH <b>Mar. 12, 1866</b>                                      |  |
| 9. AGE (In years last birthday) <b>86</b>  |  | # UNDER 1 YEAR Months _____ Days _____   |  | # UNDER 1 YEAR Hours _____ Mins. _____   |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Carlinville, Illinois</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                                    |  |
| 13a. FATHER'S NAME <b>Joseph Casteel</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Almyra Laster</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Isaac M. Vaughan (dec'd)</b>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>  |  | 16. SOCIAL SECURITY NO. <b>none</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jesse M. Vaughan, 4013 Russell Ave.</b>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                    |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tr of the right hip; Arteriosclerosis suffered when deceased fell to the floor while trying to pick up a walk in the rear of her home at 4013 Russell Ave. on Sept 17 1952 at about 5:30 pm</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH _____                                     |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |  |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION <b>Accident</b>   |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>      |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, school, street, office bldg., etc.) <b>Home</b>  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo. Mo. Mo.</b>   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sept 17 52 5:30</b>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? <b>E9030</b>  |  |  |  |
| 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 <b>5:00 P.M.</b> , from the causes and on the date stated above. <b>20</b> |  |  |  |  |  |  |  |
| 23a. SIGNATURE (Name or title) <b>Patrick E. Taylor, Coroner</b>   |  |  |  | 23b. ADDRESS <b>1300 Clark</b>   |  | 23c. DATE SIGNED <b>10.10.52</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   |  | 24b. DATE <b>10-8-52</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Charity Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>Carlinville, Illinois</b> |  |
| DATE REC'D BY LOCAL REG. <b>10-8-52</b>  |  | REGISTRAR'S SIGNATURE <b>J. Paul Smith MD</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>   |  |  |  |

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 2749

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.