

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41038

State File No.

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2970

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY OR TOWN <u>WEBSTER GROVES</u>		c. CITY OR TOWN <u>WEBSTER GROVES</u>	
c. LENGTH OF STAY (in this place) <u>1 YR</u>		d. STREET ADDRESS (If rural, give location) <u>439 BELLEVUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>439 BELLEVUE</u>			

3. NAME OF DECEASED (Type or Print) <u>VAUGHAN</u>	a. (First)	b. (Middle) <u>HICKMAN</u>	c. (Last)	4. DATE OF DEATH <u>11-18-1952</u>
				(Month) (Day) (Year)

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10-31-1870</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOOK KEEPING (RET)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CARPET</u>	11. BIRTHPLACE (State or foreign country) <u>ST LOUIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>BENJAMIN HICKMAN</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET VAUGHAN</u>	14. NAME OF HUSBAND OR WIFE <u>EDITH A HICKMAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edith A Hickman</u>	ADDRESS <u>439 Bellevue</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aneurysm Abdominal Aorta (Rupture)</u>		<u>years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>years</u>
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>mental deterioration</u>			<u>years</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>451X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3/11/1952, to 11/18/1952, that I last saw the deceased alive on 11/12/1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Earl D Brand MD</u>	23b. ADDRESS <u>Webster Groves Mo</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-20-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO</u>
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DATE REC'D BY LOCAL REG. <u>11-20-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Doud</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Walter Aldrich</u>	ADDRESS <u>7 Home Web. Groves Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

007

JAN 27 1953

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 *Ledie Welch* _____

Licensed Embalmer No. *4395* _____

P. O. Address *Webster Grove 7* _____

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.