

No. 300  
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FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3637

State File No. ....

318

1003

1181

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1181</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis</b> TOWN		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis</b> TOWN		<b>2159</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Incarinate Word Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4006 Delor St.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>California</b>		b. (Middle) <b>Vaughn</b>		c. (Last) <b>Ragsdale</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 30, 1953</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>Feb. 18, 1891</b>			
9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Ted Motors Inc.</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME <b>Benjamin F. Vaughn</b>		13b. MOTHER'S MAIDEN NAME <b>May June Poage</b>		14. NAME OF HUSBAND OR WIFE <b>Leslie C.</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 <b>Chas. Ragsdale</b> ADDRESS <b>4006 Delor St.</b>					
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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary embolism; 2<sup>nd</sup> of left femur; suffered when deceased fell while riding Grand Ave. streetcar in Russell Ave. about 10:30 am Jan 11 1953.</b></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>no Deciduit</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, store, factory, street, office, etc.) <b>Street car</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <b>St. Louis Mo</b>		(STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 11 5:10 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E841X</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>6:35 PM</b> , from the causes and on the date stated above. <b>36</b>									
23a. SIGNATURE <b>Robert E. J. [Signature]</b> (Degree or title) _____				23b. ADDRESS <b>1300 Olive</b>		23c. DATE SIGNED <b>2/2/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>Feb. 2, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Perry, Missouri</b>		24d. LOCATION (City, town, or county) (State) <b>Perry, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>FEB 2 1953</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b> ADDRESS <b>Colonial Mortuary 6164 Chippewa St.</b>					

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

(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

*Henry J. Seperson*

Licensed Embalmer No. 2679

P. O. Address 7514 J. P. Road

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.