

FILED DEC 14 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41304**  
Registrar's No. **11599**

|   |  |  |            |  |                           |  |           |  |  |   |  |
|---|--|--|------------|--|---------------------------|--|-----------|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>318</b>  |            | PRIMARY REG. DIST. NO. <b>1003</b>   |                           | State File No. <b>41304</b>  |           | Registrar's No. <b>11599</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> b. COUNTY _____ |                           |  |           |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>   |  | c. LENGTH OF STAY (In this place) _____  |            | c. CITY OR TOWN <b>St. Louis</b>   |                           | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |           |  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>  |  |  |            | e. STREET ADDRESS (If rural, give location) <b>22 2141 Walnut</b>  |                           | 2229   |           |  |  |   |  |
| 3. NAME OF DECEASED (Type or Print) <b>Florence</b>   |  |  | a. (First) |  | b. (Middle) <b>Vaughn</b> |  | c. (Last) |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>12/ 5/ 53</b> |   |  |
| 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>Negro</b>  |            | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>No Knowledge</b>   |                           | 8. DATE OF BIRTH <b>1-28-1893</b>  |           | 9. AGE (In years last birthday) <b>60</b>  |  | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DOMESTIC</b>   |  |  |            | 10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>  |                           | 11. BIRTHPLACE (City and State or Foreign Country) <b>Ark.</b>   |           |  | 12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>            |   |  |
| 13a. FATHER'S NAME <b>UNKNOWN</b>   |  |  |            | 13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>   |                           |  |           | 14. NAME OF HUSBAND OR WIFE <b>unknown to informant</b>                          |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>   |  |  |            | 16. SOCIAL SECURITY NO. <b>NONE</b>  |                           | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Handly 14 So. 22nd St.</b>   |           |  |  |   |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure with acute Pulmonary inflammatory disease</b> |            |  |                           |  |           | INTERVAL BETWEEN ONSET AND DEATH <b>Und't.</b>                                   |  |   |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |  | ANCECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____  |            |  |                           |  |           |  |  |   |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. |            |  |                           |  |           |  |  |   |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |            |  |                           |  |           | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <b>4341</b>   |                           |  |           |  |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>11/15</b> , 19 <b>53</b> , to <b>12/5</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>12/5</b> , 19 <b>53</b> , and that death occurred at <b>8:30A</b> m., from the causes and on the date stated above. |  |  |            |  |                           |  |           |  |  |   |  |
| 23a. SIGNATURE <b>E. B. Williams</b> (Degree or title) <b>M. D.</b>   |  |  |            | 23b. ADDRESS <b>2501 N. Whittier</b>   |                           |  |           | 23c. DATE SIGNED <b>12/5/53</b>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |  | 24b. DATE <b>12-11-1953</b>  |            | 24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale</b>  |                           | 24d. LOCATION (City, town, or county) <b>St. Louis Co.</b>   |           | (State) <b>Mo.</b>   |  |   |  |
| DATE REC'D BY LOCAL REG. <b>DEC 8 1953</b>  |  | REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>   |            |  |                           | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Heun Funeral Home</b>  |           | ADDRESS <b>215 S. JEFFERSON</b>  |  |   |  |

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

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**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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 2698  
P. O. Address 2719th Ave

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.