

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3113							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY Iron					
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN St. Louis				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Ironton		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				e. STREET ADDRESS (If rural, give location) 041									
3. NAME OF DECEASED (Type or Print) HAZEL			a. (First)		b. (Middle) E.		c. (Last) VAUGHAN		4. DATE OF DEATH (Month) (Day) (Year) Apr. 4 1954				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 14, 1895		9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Eugene Coates				13b. MOTHER'S MAIDEN NAME Cora Humes				14. NAME OF HUSBAND OR WIFE Benjamin L. Vaughan					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Benjamin L. Vaughan						ADDRESS Ironton, Mo.	
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arricular fibrillation</i> ANTECEDENT CAUSES <i>occurring after a gall bladder operation</i> DUE TO (b) <i>causing death</i> DUE TO (c) 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 8/25		19b. MAJOR FINDINGS OF OPERATION Compression of Bile duct by ciseous gland						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) 586X		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?			
22. I hereby certify that I attended the deceased from Mar 3/24 19____, to <i>Apr 4, 1954</i> that I last saw the deceased alive on _____, 19____, and that death occurred at <i>3:00P</i> m., from the causes and on the date stated above.													
23a. SIGNATURE <i>Ralph Bergman</i> (Degree or title)						23b. ADDRESS <i>32038 Grand</i>			23c. DATE SIGNED <i>4/6/54</i>				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 7, 1954		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.							
DATE REC'D BY LOCAL REG. APR 6 1954		REGISTRAR'S SIGNATURE <i>J. Cash Smith</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>mbc</i> ADDRESS Kriegshauser 4228 S. Kingshighway Bl.							

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.....
Signature of Student Embalmer

Signed *Richard W. Flores*.....

Licensed Embalmer No. 40

P. O. Address.....

**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.**