

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42910**  
Registrar's No. **10965**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **MO.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) **ST. LOUIS**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS** 2219

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer S. Phillips 21**

d. STREET ADDRESS (If rural, give location) **2911<sup>1/2</sup> Belle ave**

3. NAME OF DECEASED  
a. (First) **Margie** b. (Middle) \_\_\_\_\_ c. (Last) **Vaughn**

4. DATE OF DEATH (Month) (Day) (Year) **Nov 28, 1954**

5. SEX **3**  
**Female**

6. COLOR OR RACE **Col**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **June 12, 1864**

9. AGE (In years last birthday) **90**  
IF UNDER 1 YEAR Months \_\_\_\_\_  
IF UNDER 24 HRS. Days \_\_\_\_\_ Hours \_\_\_\_\_ Mins \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Nil**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) **Jackson Tenn**

12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME **Moses Haze**

13b. MOTHER'S MAIDEN NAME **Margaret**

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Geneva Simon 2911<sup>1/2</sup> Belle**

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Myocardial Disease**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Bronchitis Pneumonia**  
DUE TO (c) **Senility**  
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 \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **4222**

22. I hereby certify that I attended the deceased from **Jan 1, 1958**, to **Nov 27, 1954** that I last saw the deceased alive on **Jan 1, 1954**, and that death occurred at **6 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **J.B. Howee M.D.**

23b. ADDRESS **2902 Laclade**

23c. DATE SIGNED **11-30-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **Dec 4, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Washington Park**

24d. LOCATION (City, town, or county) (State) **St. Louis Co. MO.**

DATE REC'D BY LOCAL REG. **DEC 2 1954**

REGISTRAR'S SIGNATURE **Carl Smith MO**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **F.A. Shear 4214 Delmar**

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

*J. G. Green*

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.