

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
FILED VS DEC 21 1959

'59 0 4 6 0 3 8

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **211338**

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, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>											
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Frazier Rest Home</b> INSTITUTION <b>4512 W. Pine</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3455 Crittenden St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>										
3. NAME OF DECEASED (Type or print) <b>CATHERINE</b> First <b>O.</b> Middle <b>VAUGHAN</b> Last				4. DATE OF DEATH Month <b>Dec.</b> Day <b>5</b> Year <b>1959</b>													
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-2-1876</b>		9. AGE (last birthday) <b>83</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>									
13a. FATHER'S NAME <b>Conrad Doedli</b>				13b. MOTHER'S MAIDEN NAME <b>Susan Brucker</b>				14. NAME OF HUSBAND OR WIFE <b>Late Clarence Vaughan</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 Address <b>Lane Mrs. Dolores Baldwin 9415 Sapphire</b>											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>GENERALIZED CARCINOMATOSIS</b> DUE TO (b) <b>CARCINOMA RT. BREAST</b> DUE TO (c) <b>ARTERIOSCLEROTIC HEART DISEASE</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fracture left Hip - - 3 months ago</b>										INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b> <b>2 yrs</b> <b>1 yr</b>							
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>FELL AT HOME - 3455 CRITTENDEN ST.</b>													
20c. TIME OF INJURY Hour <b>11:00</b> a.m. p.m.		Month, Day, Year <b>8 21 59</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>165 AT HOME</b>								20f. CITY, TOWN, OR LOCATION <b>ST. LOUIS</b>		COUNTY <b>MO.</b>		STATE	
21. I attended the deceased from <b>1957</b> to <b>1959</b> and last saw her alive on <b>10-24-59</b> Death occurred at <b>9:46 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE (Degree or title) <b>John G. Currier, M.D.</b>				22b. ADDRESS <b>4461 HAMPTON - ST. LOUIS, MO</b>				22c. DATE SIGNED <b>12-5-59</b>									
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>12-8-1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Co., Mo.</b>											
24. FUNERAL DIRECTOR <b>Kriegshauser 4228 S. Kingshighway</b>				25. DATE RECD. BY LOCAL REG. <b>DEC 7 1959</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b> <b>M B B</b>											

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edwin A. McArthur

Licensed Embalmer No. 3024

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.