

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

432057

State File No.

BIRTH NO. REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 4467 Registrar's No. 04679

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1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>OVERLAND</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OVERLAND</u>	
c. LENGTH OF STAY (In this place) <u>21-YRS</u>		d. STREET ADDRESS (If rural, give location) <u>10705 WURDACK AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10705 WURDACK AVENUE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ISABELLE</u> b. (Middle) c. (Last) <u>VAUGHAN</u>			4. DATE OF DEATH <u>DECEMBER 12, 1949</u> (Month) (Day) (Year)		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>W</u>	8. DATE OF BIRTH <u>MARCH 31, 1893</u>	9. AGE (In years last birthday) <u>56</u> If UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE-WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>JACKSON, MISSISSIPPI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>SYLVESTER BACK</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES L.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MADELIN WARD 10705 WURDACK AV. OVERLAND</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>171X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebrovascular Accident</u> DUE TO (c) <u>Carcinoma of Cervix Uteri</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	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) <u>Overland, St. Louis, Missouri</u>
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?

22. I hereby certify that I attended the deceased from 9/19, 1949, to 12-12, 1949, that I last saw the deceased alive on 12/10, 1949, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph G. Miller, M.D.</u>		23b. ADDRESS <u>207 N. Fifth St., St. Charles</u>	23c. DATE SIGNED <u>12/14/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. MATTHEWS</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>

DATE REC'D BY LOCAL REG. <u>12-14-49</u>	REGISTRAR'S SIGNATURE <u>Richard K. Adams, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. M. Laughlin 2301 Lafayette Avenue</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Jack Miller
207 No. 5th Str.
St. Charles, Mo.

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 H. R. Casper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette

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.