URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED YS MAY 6 1960

60-017432

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 4381 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY 11 Mo.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b 15 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7822 Ivory
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Elizabeth Middle Last Vaughn
4. DATE OF DEATH Month 4 Day 21 Year 60

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 8/11/1871
9. AGE (last birthday) 88
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Ill.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME ? Schwake
13b. MOTHER'S MAIDEN NAME Mary Rohr
14. NAME OF HUSBAND OR WIFE L ouis

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. No
17. INFORMANT Address Rose Hoffmeister 7822 Ivory

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Generalized Arteriosclerosis — 1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-5-59, to 4-21-60 and last saw her/him alive on 4-21-60
Death occurred at 12:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. Beckham, M.D.
22b. ADDRESS 5800 Arsenal
22c. DATE SIGNED 4/21/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 4/25/60
23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem.
23d. LOCATION (City, town, or county) St. Louis Co. (State) Mo

24. FUNERAL DIRECTOR Jos. P. Fendler Jr. ADDRESS 7128 Michigan
25. DATE RECD. BY LOCAL REG. APR 23 1960
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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_____ Signed V E Morris
Signature of Student Embalmer

Licensed Embalmer No. 336

P. O. Address St Lauri

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