

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis, Mo.

Registration District No. 791  
Primary Registration District No. 1008

File No. 18501  
Registered No. 5077  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 5800 Arsenal St., 13 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Vaughn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. ?, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hfs. or min.  
att. 64 6 -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME John Self

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? ?

15. MAIDEN NAME Mary Dees

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? ?

17. INFORMANT (ADDRESS) J. G. Sullivan  
5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL Interred and Buried DATE May 20, 1937

19. UNDERTAKER (ADDRESS) J. H. Heltgen and Sons  
2842 Michigan

20. MAY 20 1937 J. P. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937 to May 18, 1937

I last saw her alive on May 18, 1937 Death is said to have occurred on the date stated above, at 8:50 P.M.

The principal cause of death and related causes of importance were as follows:

CEREBRAL HEMORRHAGE Date of onset

HYPERTENSIVE HEART DISEASE

Other contributory causes of importance: ARTERIOSCLEROSIS, GENERALIZED

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19.....  
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) J. P. Predeck M. D.  
(Address) 5800 Arsenal

WHITE PAPER, WITH ENGRAVING MATTER IS A PATENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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