

Registration District No. 791
1003

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME CORA A. VAUGHAN 25D

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

8. (b) Name of husband or wife Emmet 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 18 1882
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Cape Girardeau, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Issac Ackman

13. Birthplace Covington Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Eleanor Wingate

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Emmet Vaughan

(b) Address 5224 Palm St.

17. (a) Burial (b) Date thereof June 28 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director A. Frank L. Co

(b) Address 2707 N. Grand St.

19. (a) JUN 26 1939 (b) John Decker
(Registrar's signature) (M.D. or other)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis [6]
(If outside city or town limits, write "RURAL")
(d) Street No. 5224 Palm St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1939 hour one minute 40 M.

21. I hereby certify that I attended the deceased from June 25th
1939, to June 26, 1939;
that I last saw her alive on June 26, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration One day

Due to Arterio Sclerosis terminal

Due to _____ 2 day

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Peter Beck M.D. (M. D. or other)

Address 4701 St. Louis Ave Date signed 6-26-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT 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.

1939 JUN 26 1939

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul L. Krollenberg

Licensed Embalmer No. 2631

P. O. Address 2707 N. Grand

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, above space should be left blank.