DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 5 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17129

Registrar's No. 4607

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.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (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 days (Specify whether years, months or days)

In this community 14 yrs

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1304 Benton Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Della Vaughn 250

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Otho

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 11, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	2	13	hr. min.

9. Birthplace Marion, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Andrew King

13. Birthplace Marion, Illinois (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Mary Meniece

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

16. (a) Informant's own signature Mrs E H Brunel

(b) Address 3514½ Lawn Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/40 (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director A. F. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) MAY 25 1940 (Date received local registrar) (b) J. B. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1940 hour 1 : minute 27 P.M.

21. I hereby certify that I attended the deceased from 5-18-40 to May 24 19 40 and that I last saw him alive on May 24-40 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis Duration

Complicating Pneumonia

Due to Hx recently undiagnosed Rheumatic Heart disease

Due to Cancer of Uterus Ut Bernard Hospital

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature D. L. McCall (M. D. or other)

Address 3806 Hadley St Date signed 5-25-40 St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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 L. K. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafay. St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.