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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 1 1944

318

Primary Registration District No. 1003

Registrar's No. 2735

Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Romer A. Phillips
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 2645 Saurter Ave (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Eunice Vaughn

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-24-1532

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Vaughn 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) 25 (Day) 1917 (Year)

8. AGE: Years 27 Months 1 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Starksville, Miss. (City, town, or county) (State or foreign country)

10. Usual occupation maid

11. Industry or business Private Nurse

12. Name Randy Seals

13. Birthplace Chattanooga, Miss. (City, town, or county) (State or foreign country)

14. Maiden name Grace Adams

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

16. (a) Informant Mrs. Grace Seals

(b) Address 4305 Oak Ave

17. (a) Funeral (b) Date thereof 2-24-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Starksville, Miss.

18. (a) Signature of funeral director J. W. Grull

(b) Address 10837 Harrison Ave

19. (a) MAR 22 1944 (Date received local registrar) J. T. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 18 year 1944 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from ruptured tubal pregnancy

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1st

Major findings: Of operations _____

Of autopsy _____

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 3

23. Signature Thomas J. Callan (M. D. or other) 3
 Address Deputy Coroner Date 2-20-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Starkeville Miss

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 Clark Young
Licensed Embalmer No. 3371
P. O. Address St Louis

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.