

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

2
43
39
36671

FILED MAY 31 1944

State File No. 4193
Registrar's No.

Registration District No. Primary 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:
4318a Aldine Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 12 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... 000

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

(d) Street No... 4318a Aldine Avenue 711
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country... 0

3. (a) PRINT FULL NAME... Stella Vaughn

3. (b) If veteran, name war... 3. (c) Social Security No...

4. Sex... Female Color or Race... Negro

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

6. (b) Name of husband or wife... Edward Vaughn

6. (c) Age of husband or wife if alive... 53 years

7. Birth date of deceased... MARCH 18 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

53 1 14 hr. min.

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

10. Usual occupation... Housewife

11. Industry or business...

MOTHER-FATHER {

12. Name... Sam Tucker

13. Birthplace... O'Fallon, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name... Betty Hodge

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

16. (a) Informant... Edward Vaughn
(b) Address... 4318a Aldine Avenue

17. (a) Burial (b) Date thereof... 5-6-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Washington Park Cem.

18. (a) Signature of funeral director... Chas. J. Gates
(b) Address... 4107 Finney Avenue

19. (a) MAY 3 1944 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... May day... 2
year... 1944 hour... 1 minute... 45 PM.

21. I hereby certify that I attended the deceased from... 4-23
1944 to... 5/1 1944
that I last saw h. u alive on... 5/1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death... Carcinoma of breast (Right)

Due to... 50

Other conditions... Corsetine heart failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
Indefinite
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?

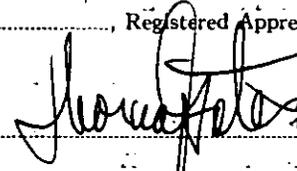
While at work? (Specify type of place)
(e) Means of injury...

23. Signature... T. R. Walker (M. D. or other)
Address... 809 E. N. Jeffers Date signed... 5/6/44

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.....


Licensed Embalmer No..... 4259

P. O. Address.....

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.