

FILED APR 20 1944

1003

3458

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St Louis mo
 (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 St Marys Inf. H
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 Specify whether
 In this community 25 yrs
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St Louis 1711
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4019 Cook Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

8. (a) PRINT FULL NAME ROOSEVELT VAUGHN8. (b) If veteran,
name war.8. (c) Social Security
No. 494-09-0275

4. Sex MALE 5. Color or race COL
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife DULCY VAUGHN
 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased SEPT 4 1901
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1944 hour 7:10 minute 00 M.21. I hereby certify that I attended the deceased from April 5,
1944 to April 11, 1944
and that I last saw him alive on April 11, 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Acute peritonitis Duration
due to ruptured gangrenous
and appendix.

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations Ruptured Gangrenous
AppendixOf autopsy Generalized Appendicitis
and peritonitis

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
 Means of injury _____
 23. Signature Joseline Johnson (M. D. or other)
 Address 3100a Lucas Ave. Date signed 4/13/44

8. AGE: Years Months Days If less than one day
42 7 7 hr. min.9. Birthplace Hillsborough Ala
(City, town, or county) (State or foreign country)10. Usual occupation Cook11. Industry or business Town Hall12. Name Russell Vaughn13. Birthplace Ala
(City, town, or county) (State or foreign country)14. Maiden name Jessie Foster15. Birthplace Ala
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Dulcy Vaughn(b) Address 4019 Cook Ave17. (a) Burial (b) Date thereof April 15-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director Walter(b) Address 2744 Chestnut19. (a) APR 14 1944 (b) J. Bredek
(Date received local registrar) (Registrar's signature)

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

S. J. Watson
.....
Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.