

FILED JAN 13 1947

1003

State File No. _____

Registration District No. **318** Primary Registration District No. _____

Registrar's No. **11281**

1. PLACE OF DEATH:

(a) County St. City
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 3956 DePouty
(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)

3. (a) PRINT FULL NAME Mary Barber Vaughan

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widow

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

7. Birth date of deceased Sept 14 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Linn Osage, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph T. Bacon

13. Birthplace Osage County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Joseph Slattery

15. Birthplace Osage County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles J. Vaughan

(b) Address 3956 DePouty, St. Louis

17. (a) removal (b) Date thereof 12-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linn, Mo

18. (a) Signature of funeral director William Moran

(b) Address Linn, Mo.

19. (a) DEC 21 1946 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1717
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3956 DePouty St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month December day 28
year 1946 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 1944 to December 27 1946
that I last saw her alive on December 27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus

Due to Thrombus

Due to Auricular fibrillation

Other conditions (Include pregnancy within 3 months of death) _____

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 _____

23. Signature C. J. Volmer, M.D. W. B. Kelleher, M.D.
Address 55 W. Big Bend - White Hall Date signed 1/2/47

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

11281

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..... *Vernon M. Morton*
Licensed Embalmer No..... *4125*
P. O. Address..... *Leim*

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.