. No. 2 .
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36335

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10211

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1410 N. 18th Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County dod
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1410 N. 18th Street. 9
(If rural, give location)
-25-
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella Vaughn
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow. 2
6. (b) Name of husband or wife dead
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 5, 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	2	26	hr. min.

9. Birthplace Cape Girardeau, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business Home
FATHER
12. Name Silus Kennedy 9
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Betsey Beady
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Willie Johnson 1
(b) Address 1410 N. 18th Streett
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director C. W. Roberts
(b) Address 1416 N. Taylor ave
19. (a) NOV 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 31 year 1947 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from 7-15- 19 47, to 10-31 19 47, that I last saw her alive on 10-31- 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Degeneration	1945
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 0
23. Signature J. C. Sherard (M.D. or other)
Address 2102 Franklin Date signed 10/31

Jefferson City Printing Co. (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 Fulton E. Culkin

Licensed Embalmer No. 198

P. O. Address St Louis 13 Mo

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.