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 FEB 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2688

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1082

1. PLACE OF DEATH:
(a) County
(b) City or town: Saint Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: 10 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 2120 Spruce (If rural, give location) 22-
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mary Jones
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: FEMALE
5. Color or race: Col
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased: 12 (Month) 9 (Day) 1880 (Year)
8. AGE: Years 67 Months 1 Days 20 If less than one day hr. min.
9. Birthplace: TEXAS (City, town, or county) (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business
MOTHER FATHER
12. Name: William Vaughn
13. Birthplace: Texas (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: " " (City, town, or county) (State or foreign country)
16. (a) Informant: Lillian Wallace
(b) Address: 2021 Spruce
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood
18. (a) Signature of funeral director: Bernice Love
(b) Address: 3103 Washington
19. (a) FEB 3 1948 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 29 year 1948 hour 4 minute 36 A.M.
21. I hereby certify that I attended the deceased from Jan. 26, 1948 to Jan. 29, 1948 that I last saw her alive on Jan. 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prob. Cerebral Thrombosis	Undet.
Due to	
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy: No

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: Oren L Dowell (M. D. or other)
Address: 2601 N Whittier St Date signed: 1/30/48

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.