

FILED APR 23 1948

State File No. **14740**  
Registrar's No. **3392**

Registration District No. **318**

Primary Registration District No. **1003**

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

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: 1422 N 21 St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. about 80 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME SUSAN VAUGHN

3. (b) If veteran, name war. No. 3. (c) Social Security No. 2

4. Sex. Female 5. Color or race. Cal 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 4 years

7. Birth date of deceased. 8 - 4 - 1850  
(Month) (Day) (Year)

8. AGE: Years 97 Months 8 Days 0 If less than one day hr. min.

9. Birthplace. Fayette County KY  
(City, town, or county) (State or foreign country)

10. Usual occupation. mile

11. Industry or business.

12. Name. Adam Smith

13. Birthplace. KY  
(City, town, or county) (State or foreign country)

14. Maiden name. Elizabeth Lindsay

15. Birthplace. Fayette County KY  
(City, town, or county) (State or foreign country)

16. (a) Informant. Eula McDowell

(b) Address. 26 25 Glasgow

17. (a) Buried (b) Date thereof. 4-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Washington Park

18. (a) Signature of funeral director. J.P. Richardson

(b) Address. 26 25 Glasgow

19. (a) APP-6 (b) J.F. Prudeck  
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo County. 000  
(b) City or town. St Louis County. 17  
(If outside city or town limits, write "RURAL")  
(c) Street No. 1422 N 21 St  
(If rural, give location)  
(d) 21  
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. 4 day 4  
year. 48 hour. 4:30 P.M. minute. M.

21. I hereby certify that I attended the deceased from 12  
mor 1948 to 4-4-48 1948  
that I last saw her alive on 4-2-48 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death. Senility & Simple Arteriosclerosis

Due to

Due to 167

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) (a) Means of injury. 1

23. Signature. B. B. [Signature] (M. D. or other) MD

Address. 1408 1/2 [Address] Date signed 4-9-48

4-7-48

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**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

*A. Richardson*

Licensed Embalmer No. *2928*

P. O. Address

*City*

**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.**