WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8028

File No. F 2399

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. St. Lukes Hospital St. ..... Ward)

2. FULL NAME RUTH MARIE VAUGHAN

(a) Residence. No. 7460 Gannon Ave., St., 12 Ward. University City
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rufus E. Vaughan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/12/'94

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
36	3	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer) At home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Milford
(STATE OR COUNTRY) Ills 2

PARENTS

10. NAME OF FATHER Wilbur T. Caldwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Circleville
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Emma Loveless

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Milford
(STATE OR COUNTRY) Ills

14. INFORMANT Rufus E. Vaughan
(Address) 7460 Gannon Ave. U. City Mo

15. FILED FEB 23 1931 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/22/'31 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Febr 22, 1931 that I last saw h. alive on Febr 22, 1931, and that death occurred, on the date stated above, at 1:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcoma - Uterus

48

91 B (duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) Anemia - Secondary (duration) — yrs. 3 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 2-21-31

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) John R. Vaughan M. D.

2/22/'31 (Address) Mo. Theatre Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL MILFORD Ills. DATE OF BURIAL 2/23/'31 19

20. UNDERTAKER Wm Saunders & Sons 6175 ADDRESS Delmar