

MAR 14 1940
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12162

State File No. _____
Registrar's No. 513

Registration District No. 784 Primary Registration District No. 117

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wabeta Grove mo.
(c) Name of hospital or institution:
(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 2 1/2 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Missouri
(If outside city or town limit, write "RURAL")
(d) Street No. 601 N. Forestan Wabeta Grove
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Junia Julietta Vaughan Covert
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month March day 12th
year 1940 hour 7:00 minute _____ P. M.
21. I hereby certify that I attended the deceased from Sept 1928 to March 1940
that I last saw her alive on March 7th 19 40
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Isaac Newton Covert 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 7th 1850
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion
Due to Arteriosclerosis
Due to Senility
Other conditions Chr. Pardia Vascular Heart
(Include pregnancy within 3 months of death) Renal

8. AGE: Years 89 Months 6 Days 5 If less than one day _____ hr. _____ min.
9. Birthplace North Farmington Mich. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Major findings:
Of operations _____
Of autopsy 131
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name George W. Vaughan
13. Birthplace Stephenson Vermont
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Wood
15. Birthplace Fayette New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. M. Lubbe
(b) Address 601 N. Forestan Wabeta Grove
17. (a) Burial (b) Date thereof 3/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lockwood Cem Lockwood Mo
18. (a) Signature of funeral director Chas. A. Buel
(b) Address 4452 Wabington Blk
19. (a) MAR 14 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 Harriet Covert (M. D. or other) MD
Address 2816 Sutton Ave Date signed 3/13/40

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

26
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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. 3880

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

P. O. Address 4355 Washington

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.