

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7070**
Registrar's No. **1737**

FILED MAR 3 1947
318

Registration District No. **318** Primary Registration District No. **1003**

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: **St. Louis City Hospital**
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Indiana** (b) County **Lake**

(c) City or town **Hammond**
(If outside city or town limits, write "RURAL")

(d) Street No. **816 State St.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Clarice P. Vaughn**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Emerson Vaughn**

6. (c) Age of husband or wife if alive **27** years

7. Birth date of deceased **July 8 1922**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
24	7	10	hr. _____ min.

9. Birthplace **Greensboro N. Carolina**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Ruffus Unknown Craven**

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

14. Marital status **Married**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

(a) Informant **Emerson Vaughn**

(b) Address **816 State St., Hammond, Ind.**

(a) Burial (b) Date thereof **2-19-47**
(Month) (Day) (Year)

(a) Site of burial or cremation **Memorial Park Cemetery**

(a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

(a) **FEB 19 1947** (b) **J. F. Mueck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB.** day **18**
year **1947** hour **12** minute **15** P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Interstitial Nephritis**

Due to **Cardiac Hypertrophy**

Due to **a**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **121**

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to 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? _____

While at work? _____ (Specify type of place)

(c) Means of injury **3**

23. Signature **Patrick E. Day** (Date or other) **3**

Address **Day, Carver** Date signed **2/19/47**

(Licensed Embalmer's Statement on Reverse Side)

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

COPY OF OTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of _____ } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. _____

On this 19 day of March, 1947, before me appears _____

Emerson Vaughn, who, upon his oath, states that the original record of ~~death~~ XXXX
for Clarice P. Vaughn died February 18, 1947, in the State of
Missouri, and which was filed at St. Louis ~~XXX~~ on 2-21, 1947, should be corrected as follows:

Item No. 12 should read Ruffue Craven

Instead of Unknown Craven

Item No. 14 should read Clarice Koontz

Instead of Unknown

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Albert H. Foppel Relationship _____

4700 Washington Blvd
Present Address.

Subscribed and sworn to before me this 19 day of March, 1947.

My Commission expires 3-4-49. Paul C. Fobler Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-7070