. S. No. 2
)M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43562

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 11747

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether
In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1116 Louisville Ave. (If rural, give location) 9
(e) Citizen of foreign country? 4 (Yes or No) 10
If yes, name country

3. (a) PRINT FULL NAME Mary Vaughn
3. (b) If veteran, name war — 3. (c) Social Security No.
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William W 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Nov (Month) 28 (Day) 1883 (Year)

8. AGE: Years 64 Months 0 Days 22 If less than one day hr. min.

9. Birthplace St Louis County (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business At Home
FATHER
12. Name Richard Cutsinger
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)
MOTHER
14. Maiden name Annie Halley
15. Birthplace (City, town, or county) Scotland (State or foreign country)
16. (a) Informant Wm W Vaughn
(b) Address 1116 Louisville Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem Pond Mo
18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin Mo
19. (a) DEC 24 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1947 hour 3 minute 25 a M.
21. I hereby certify that I attended the deceased from 10/3 47, 19, to 12/20 1947 that I last saw her alive on 12/19 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor - Malignant
Due to None
Due to None
Other conditions Psychosis undetermined (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy Tumor of Left Frontal Lobe of Brain

Duration

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) NA
(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
23. Signature Preston C. Hall (M. D. or other)
Address 3902 Lafayette Date signed 12/22/47

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 Ray E. Campbell

Licensed Embalmer No. 3881

P. O. Address St. Louis, Mo.

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.