

No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28292

Registrar's No. 7215

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

1. PLACE OF DEATH:

(a) County ~~St. Louis~~
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3646 Evans Ave.
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 111
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3646 Evans Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT Julia V. Vaughn
FULL NAME

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased November 24 1906
(Month) (Day) (Year)

8. AGE: Years 41 Months 8 Days 20 If less than one day _____
hr. _____ min. _____

9. Birthplace: Aberdeen Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Ophrette Eddy

15. Birthplace Aberdeen Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Benjamin Vaughn

(b) Address 3646 Evans Ave.

17. (a) Burial (b) Date thereof 8-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Ellis Fun, Home

(b) Address 2820 Stoddard St

19. (a) AUG 17 1948 (b) J. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 14
year 1948 hour 1/30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 8/13/48
_____ 19 _____ to 8/14/48 19 _____

that I last saw her alive on 8/14/48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 2 days

Due to _____

Due to _____

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)
(e) Means of injury _____

23. Signature J. Buddeck (M. D. or other) _____

Address 314 W. Wendell Date signed 8/16/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 137

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.