

No. 2
-13-40
-17-39
I X23159

FEB 25 1941
Registration District No. **91**

Primary Registration District No. **1003**

Registrar's No. **325**

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether)

In this community 3 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town Collinsville
(If outside city or town limits, write "RURAL") NIR/1

(d) Street No. 538 St. Louis
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME JEREMIAH VAUGHN

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mattie Vaughn 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased. Nov 19th 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>1</u>	<u>23</u>	hr. min.

9. Birthplace Athens, Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Prop. Cigar Store

11. Industry or business Retail

12. Name Crawford Vaughn

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

14. Maiden name Not known

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

16. (a) Informant Mattie Vaughn
(b) Address Collinsville, Ills.,

17. (a) removal (b) Date thereof. Jan 13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville Ills.

18. (a) Signature of funeral director Geo M. Whisler

(b) Address Collinsville, Ills., 8411

19. (a) JAN 13 1941 (b) J. W. Bredich
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11
year 1941 hour 3 minutes 30 P. A. M.

21. I hereby certify that I attended the deceased from January 9, 1941, to January 11, 1941; that I last saw him alive on January 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia
Pneumonoconiosis
Due to Emphysema

Due to 107

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings: 107
Of operations 107
Of autopsy 107

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) (e) Means of injury

23. Signature W. J. ... (M. D. or other) 0
Address BARNES HOSPITAL Date signed 11-41

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

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

Geo M. Schaeppel

Licensed Embalmer No.

1598

P. O. Address

Calumville

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.