

MAY 9 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15838

Registration District No. 84

Primary Registration District No. 200

Registrar's No. 779

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town OVERLAND

(c) Name of hospital or institution: 9002 Lindbergh  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

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

(d) Street No. 9002 Lindbergh  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Benjamin F. Vaughan

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8  
year 1941 hour 7 minute 30 P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Olwen

6. (c) Age of husband or wife if alive 62 years  
(Day) (Year)

7. Birth date of deceased Oct 12 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1, 1941, to April 8, 1941;  
that I last saw him alive on April 8, 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 5 Days 26  
If less than one day hr. min.

Immediate cause of death Carcinoma (Cancer) of Cecum  
Duration 5 yr

9. Birthplace Woodbury Tenn  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to 4'6"

10. Usual occupation LABORER

Other conditions Obstruction of bowels  
(Include pregnancy within 3 months of death) 2 days

11. Industry or business odd jobs

12. Name Thomas Vaughan

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

14. Maiden name unknown

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

PHYSICIAN

Major findings: Cancer of Cecum

Of operations \_\_\_\_\_

Of autopsy None

Underline the cause to which death should be charged statistically.

16. (a) Informant Harold Vaughan

(b) Address 9002 Lindbergh Overland mo

17. (a) BURIAL (b) Date thereof 4-11-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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 \_\_\_\_\_

18. (a) Signature of funeral director James R. Robinson

(b) Address 2504 Woodson Rd Overland mo

19. (a) APR 10 1941 (b) J. R. Magee  
(Date received local registrar) (Registrar's signature)

23. Signature Ray A. Hallett (M. D. or other)  
Address 2438 Woodson Rd Date signed 11-4-41

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

MOTHER 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 Oscar J. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland, 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.**