U. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16763

Registration District No. 291 Primary Registration District No. 1003 Registrar's No. 4431

000 17 9

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: Frisco Emp. Hosp. Assn.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hrs (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17
(c) City or town St Louis 3 9
(If outside city or town limits, write "RURAL")
(d) Street No. 7075 Sutherland Ave
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Vaughn
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sophie Vaughn
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 5 (Day) 1880 (Year)

8. AGE: Years 61 Months 10 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Unk. (State or foreign country) 9
10. Usual occupation Loco Engineer
11. Industry or business Railroad
MOTHER FATHER
12. Name Jehoide
13. Birthplace (City, town, or county) (State or foreign country) Mo-0
14. Maiden name Mary Rhodes
15. Birthplace (City, town, or county) (State or foreign country) Mo-0
16. (a) Informant Wife-Sophie Vaughn
(b) Address 7075 Sutherland Ave
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Crocker Mo
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) MAY 21 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 20 year 1942 hour 12 minute Midnight
21. I hereby certify that I attended the deceased from 5-19-42, 19..., to 5-20-42, 19...
that I last saw him alive on 5-20-42, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Vascular Accident — Duration 24 hrs
Due to: Arterio sclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: None
Of autopsy: None

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature L. B. Kupp, M.D. (M. D. or other)
Address 4960 Laclede Ave Date signed 5-20-42

(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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.