

FILED FEB 11 1944 8
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo
(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:
Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME William Henry Vaughn

3. (b) If veteran, name war None (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 Stella Ada Vaughn 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 9 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 7 19 hr. min.

9. Birthplace St. Clair Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Ralph Vaughn

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

14. Maiden name Unknown Bates

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

16. (a) Informant Stella Bond

(b) Address Robertsville, Mo.

17. (a) Burial (b) Date thereof 1-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morrelton, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) FEB 1 1944 (b) J. T. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Robertsville
(If outside city or town limits, write "RURAL")
(d) Street No. 0 N.R.
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1944 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from January 25, 1944, to January 28, 1944
that I last saw him alive on January 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-vascular accident

Due to W

Due to W

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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 M. C. Abner (M. D. or other)

Address Barnes Hospital Date signed 1/28/44

2101

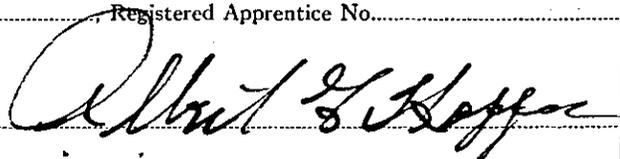
2101

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.....



Licensed Embalmer No.....

2971

P. O. Address.....

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.