

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

18994

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 6 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4872

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Bernadine J. Vaughn

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John R. Vaughn 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased May 3, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 0 25 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Amelia King
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John R. Vaughn
(b) Address 4222 Swan Ave

17. (a) Burial (b) Date thereof 6/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAY 31 1946 J. F. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4222 Swan Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th
year 1946 hour 7:15 P.M. minute _____ M.

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

Immediate cause of death Carcinomatous
Primary area not
Due to determined

Due to 55
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Same -

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) (c) Means of injury ○
23. Signature O.E. Williamson (M. D. or other) _____
Address 6336 Clayton Road Date signed 5/28/46

(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.....*Raymond F. Holmann*
Licensed Embalmer No. *4266*
P. O. Address.....*St. Louis 7, 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.