FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31501

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7969

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri
(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 10 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3968 Westminister Blvd.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME Raymond A. Vaughn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Lillie Vaughn, nee Wright

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased August 31st, 1915 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
33	0	8	hr. min.

9. Birthplace Cook Station, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Authorized Brake Service Co.

FATHER
12. Name John Vaughn
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name (Unknown) Martin
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Vaughn
(b) Address 3968 Westminister Blvd.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Boulevard

19. (a) SEP 10 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9th year 1948 hour 5 minute 55 P. M.

21. I hereby certify that I attended the deceased from Sept. 20, 1948, to Sept. 9, 1948, that I last saw him alive on Sept. 9, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	10 da
Due to Cystic tumor of brain	—
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations

Of autopsy Cystic degeneration right cerebrum with hemorrhage

PHYSICIAN

Underline the cause of 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 D

23. Signature N. J. Eversoll (M. D. or other) M.D.

Address 6356 Clayton Road Date signed 9/10/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

6550 Clayton Blvd.,
St. 4060.,
Friday 1 to 6 P. M.

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.