S. No. 300
v. 10-48

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25489

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1803

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights 4495
d. STREET ADDRESS (If rural, give location): 1341 Argus Street

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Vaughn

4. DATE OF DEATH (Month) July (Day) 22 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 10/4/1915
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months 9, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber (Retired)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: George B. Vaughn
13b. MOTHER'S MAIDEN NAME: Mary Givens
14. NAME OF HUSBAND OR WIFE: Fannie O. Vaughn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Lorraine Johnson, Sister, Maplewood, Mo. — ADDRESS: 2017 Berkl

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Edema of the lungs — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertrophy and dilation of heart — 1 yr
DUE TO (c) Arteriolar nephrosclerosis — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 442 X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 442 X
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-22 (6:45 PM), 1950, *to* 7-22, 1950, *that I last saw the deceased alive on* 7-22, 1950, *and that death occurred at* 7:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wilson G. Brown M.D.
23b. ADDRESS: 601 Brentwood Blvd Clayton Mo
23c. DATE SIGNED: 7/23/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 27, 50
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: 7-26-50
REGISTRAR'S SIGNATURE: Herbert L. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: GATES FUNERAL HOME Charles J. Gates, — ADDRESS: 4107 Finney Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed John R. Cunningham

Signed.....
Student Embalmer

Licensed Embalmer No. 4476

P. O. Address 4107 Finney

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.