

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

10700

State File No.
1833

FILED MAR 22 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No.

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN St. Louis, Missouri c. LENGTH OF STAY (in this place) 6 hrs 35 Min. d. FULL NAME OF HOSPITAL OR INSTITUTION The Peoples Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 4042 Delmar Blvd.	
3. NAME OF DECEASED (Type or Print) Infant a. (First) b. (Middle) c. (Last) Vaughn		4. DATE OF DEATH (Month) (Day) (Year) January 29, 1952	
5. SEX Male	6. COLOR OR RACE Neg ro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N.B.	8. DATE OF BIRTH Jan. 29, 1952
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
13a. FATHER'S NAME Sammie McClen Vaughn		13b. MOTHER'S MAIDEN NAME Joann McKinney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Joann Vaughn</i> ADDRESS <i>4042 Delmar</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Asphyxia</i> INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs</i> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>7620</i>	
22. I hereby certify that I attended the deceased from <i>1/29, 1952</i> to <i>1/29, 1952</i> that I last saw the deceased alive on <i>1/29, 1952</i>, and that death occurred at <i>11:35</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>W. Wood, M.D.</i>		23b. ADDRESS <i>444 8th Easton</i>	
23c. DATE SIGNED <i>1/30/52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>2-29-52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>FEB 27 1952</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Rowland Mortuary Service</i> ADDRESS <i>4104 Manchester Ave.</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....

..... **Student Embalmer No.**

working under my personal supervision.

Student

Student Embalmer

Signed.....

Licensed Embalmer No.....

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.