

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10140

1. PLACE OF DEATH *Firmen Deedley Hospital*  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *St. Louis*  
c. LENGTH OF STAY (in this place) *16 hours*  
d. FULL NAME OF HOSPITAL OR INSTITUTION *Firmen Deedley Hospital* 2099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE *Missouri* b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN *St. Louis*  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) *718 Pope*

3. NAME OF DECEASED (Type or Print) a. (First) *Charles* b. (Middle) *Marion* c. (Last) *Vaughn* 4. DATE OF DEATH (Month) (Day) (Year) *11 4 56*

5. SEX *Male* 6. COLOR OR RACE *White* 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *unmarried* 8. DATE OF BIRTH *5-22-1886* 9. AGE (in years last birthday) *70<sup>0</sup>* IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 2 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Carpenter* 10b. KIND OF BUSINESS OR INDUSTRY *Retired* 11. BIRTHPLACE (City and State or Foreign Country) *Missouri* 12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13a. FATHER'S NAME *Unknown* 13b. MOTHER'S MAIDEN NAME *Unknown* 14. NAME OF HUSBAND OR WIFE *Alice Vaughn*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) *No* 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS *Prince Vaughn, 3011 Penrose*

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) *Myocardial Infarction*  
ANTECEDENT CAUSES DUE TO (b) *Arterio sclerotic heart disease*  
DUE TO (c) \_\_\_\_\_  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. *420.0*

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) \_\_\_\_\_ 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 *Oct 22<sup>nd</sup>*, 1956, to *Nov 4<sup>th</sup>*, 1956, that I last saw the deceased alive on *Nov 4*, 1956, and that death occurred at *4:05* p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *J. Earl Smith, M.D.* 23b. ADDRESS *1325 S. Grand Blvd.* 23c. DATE SIGNED *Nov 5, 1956*

24a. BURIAL, CREMATION, REMOVAL (Specify) \_\_\_\_\_ 24b. DATE *11-7-1956* 24c. NAME OF CEMETERY OR CREMATORY *Mt. Lebanon Cem.* 24d. LOCATION (City, town, or county) (State) *St. Louis Co., Missouri*

DATE REC'D BY LOCAL REG. \_\_\_\_\_ REGISTRAR'S SIGNATURE *J. Earl Smith, M.D.* 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *McLaughlin F.H., Inc., 2301 Lafayette*

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

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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.....  
Signature of Student Embalmer

Signed *H. G. Lewis*.....

Licensed Embalmer No. *338*

P. O. Address *H. Lewis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.