

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038177

FILED VS OCT 28 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 9475** STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 10 yrs.	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3428 Franklin Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First OLDEN Middle VAUGHN Last			4. DATE OF DEATH Month Oct Day 13 Year 1959			
5. SEX Male	6. COLOR OR RACE Col	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-13-1916	9. AGE (last birthday) 43	IF UNDER 1 YEAR Months 6 Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Ripley Tenn		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Theodore Vaughn		13b. MOTHER'S MAIDEN NAME Eula Tolliver		14. NAME OF HUSBAND OR WIFE Ella 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. 415-12-2462		17. INFORMANT Address Ella Vaughn 3428 Franklin Ave	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Gunshot wound of chest.			
DUE TO (c) 981x			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I Fallowing green that wound suffered		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AN AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of form 18.) at the hands of one, Brock Wilson (Colt) in front of	
20c. TIME OF INJURY Hour 12:40 a.m. Month, Day, Year 10-4-59	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		20f. CITY, TOWN, OR LOCATION St Louis Mo	

21. I attended the deceased from **1045 A** to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Of decedent or title) Salvador Cruz		22b. ADDRESS 1305 Elm		22c. DATE SIGNED 10/14/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-17-1959	23c. NAME OF CEMETERY OR CREMATORY Father Dickson	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR ADDRESS J. H. RANDLE & SON 3133 Bell		25. DATE RECD. BY LOCAL REG. OCT 15 59	26. REGISTRAR'S SIGNATURE Roan Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

L.P.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Escher A. Nassir

Licensed Embalmer No. 445

P. O. Address 4181 Nassir

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.