

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1008

30639
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. Mo. Baptist Hospital Registered No. 8076
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Dr. John Wesley Vaughan

(a) Residence, No. 4900 Washington Ave. St. 12 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept. 11th. 1938</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bessie W. Vaughan</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>May 20</u> , 19 <u>32</u> , to <u>Sept 11</u> , 19 <u>38</u> I last saw him alive on <u>Sept 10</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>5:40 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Tuberculous Prostatitis</u> <u>Tuberculous Cystitis</u> <u>Stomach Ulcer</u> <u>Terminal bronchopneumonia</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 11th, 1857</u>					Date of onset <u>1932</u> <u>1932</u> <u>1888</u> <u>Sept 1938</u>	
7. AGE YEARS <u>81</u>	MONTHS <u>7</u>	DAYS <u>---</u>	If LESS than 1 day, hrs. or min.		Other contributory causes of importance: <u>30</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Physician</u>				Name of operation <u>2 stage Prostatectomy</u> Date of <u>July 16, 1938</u> What test confirmed diagnosis <u>Misra's</u> Was there an autopsy? <u>see</u>	
9. Industry or business in which work was done, as saw mill, bank, etc.					23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
10. Date deceased last worked at this occupation (month and year).....					Manner of injury Nature of injury	
11. Total time (years) spent in this occupation.....					24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> If so, specify <u>see report</u> (Signed) <u>J. B. Bradford</u> , M. D. (Address) <u>958 Arcad. Bldg.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>					17. INFORMANT (ADDRESS) <u>Bessie W. Vaughan</u> <u>4900 Washington Ave.</u>	
FATHER	13. NAME <u>William R. Vaughan</u>				18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fee Fee Cemetery</u> DATE <u>Sept. 13th. 1938</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>					19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Drehmann & Son</u> <u>1905 Union Blvd.</u>	
MOTHER	15. MAIDEN NAME <u>Harriet Patton</u>				20. FILED <u>SEP 12 1938</u> <u>J. B. Bradford</u> Local Registrar.	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>						

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... *Warren A. Carver*

Licensed Embalmer No. *3534*

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, above space should be left blank.