

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

37688
Do not use this space.

1. PLACE OF DEATH **DEC 12 1938**

(a) County..... **2** Registration District No..... **791**
 (b) Township..... **1** Primary Registration District No..... **100B**
 (c) City **St. Louis** (d) Street No..... **2211 N. Wharf St.** St.
 (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 **20** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **10015**

2. PRINT FULL NAME **250 Zack Vaughn**

(a) Residence, No. **2211 N. Wharf** St. **26** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Stella B. Vaughn**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 24, 1877**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 1 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **WPA**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Watchman**
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

FATHER 13. NAME **Zack Vaughn**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Martha Webb**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn**

17. INFORMANT **Stella B. Vaughn** (ADDRESS) **2211 N. Wharf St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lake Charles Cem.** DATE **11-22** 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Fred M. Williams** **4535 Washington Blvd.**

20. FILED **NOV 21 1938** **J. P. Brudeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11 - 18 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 15**, 19**38**, to **Nov 18**, 19**38**.
 I last saw him alive on **Nov 15**, 19**38**. Death is said to have occurred on the date stated above, at **6 P.M.**
 The principal cause of death and related causes of importance were as follows:

Myocarditis Acute 3da
Myocarditis 1yr.
 Date of onset

Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **NO** 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.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify..... (Signed) **J. P. Brudeck** (Address) **2505 No 15 St.** M. D.

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.....

Gay W Wilkinson

Licensed Embalmer No. 3575

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.