FILED JUN 4 1940

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19587

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 1006

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

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7476 Stanford,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis,

(c) City or town University
(If outside city or town limits, write "RURAL")

(d) Street No. 7476 Stanford
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME RUFUS A. VAUGHAN. 250

3. (b) If veteran, name war Civil War

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Lillian Vaughn

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Sept. 9th (Month) 1847 (Day) (Year)

8. AGE: Years 92 Months 8 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace near Jonesboro (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Retired

11. Industry or business Physian

FATHER
12. Name James Vaughn
13. Birthplace Unknown (City, town, or county) Temn. (State or foreign country)

MOTHER
14. Maiden name Sarah Rader
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Rufus A. Vaughan
(b) Address 7476 Standford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/40 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director C.R.LUPTON & SONS.
(b) Address 7233 Delmar, Blvd.

19. (a) MAY 25 1940 (Date received local registrar) (b) C.R. Meyer MD dr PH (Registrar's signature) (Ms)

Correct by affidavit (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1940 hour 7 minute a M.

21. I hereby certify that I attended the deceased from Mar, 1940, to May 24, 1940; that I last saw him alive on May 24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	?
Due to Chronic myocarditis	3 yrs.
Chronic nephritis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none

Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature James E. Forsen (M. D. or other)
Address 3903 Olive Date signed 5-24-40

707

Dr. J. H. Thorsen
3903 Olive
JE - 5600
Hrs. - 1-3 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, Mo.

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis,

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No.
Local Registrar's No. 1006

On this 1st day of June, 1940, before me appears Rufus E. Vaughan, who, upon his oath, states that the original record of ~~XXX~~ death for Rufus A. Vaughan ~~XXX~~ died May 24, 1940, in the State of Missouri, and which was filed at Clayton, St. L. Co. on May 25, 140, should be corrected as follows:

Item No. 7 should read Sept. 9th, 1857
Instead of Sept. 9th, 1847

Item No. 8 should read 82 yrs.--8 mo.--15 days.
Instead of 92 yrs.--9 mo.--15 days.

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Rufus E. Vaughan son
Relationship.

7476 Stanford Ave.
Present Address.

Subscribed and sworn to before me this 1st day of June, 1940.

My Commission expires 4/3/44.

J. J. Lupton
Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1-19-40
I X22256

5-19587