S. No. 2
M—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942 91

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 961

Registrar's No. 566

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Isolation Hospital
(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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 815 N. Leonard Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Corbit Vaughn

3. (b) If veteran, name war No.

3. (c) Social Security No. Unknown

4. Sex Male 2

5. Color or race Col. 1

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

6. (b) Name of husband or wife Jane

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased April (Month) 23 (Day) 1910 (Year)

8. AGE:

Years	Months	Days	If less than one day
31	8	25	hr. min.

9. Birthplace Palmer (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business

FATHER
12. Name Arthur Vaughn
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Rebecca Matthews
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Rebecca Vaughn
(b) Address Potosi, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation Potosi, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JAN 19 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1942 hour 8 minute a M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Rabies when he was Bitten by a Stray Dog in front of 815 No Leonard ave about 5 25 am Dec 26-1942

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident
(b) Date of occurrence Dec 2-1942
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Serpent Town Date signed 1/19/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....2971.....

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, fact should be so stated above.