S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30487

FILED SEP 17 1943

Registration District No. 18

Primary Registration District No. 1005

Registrar's No. 8008

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Washington
(c) City or town Ashley
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Jesse Lee Vaughn
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Hazel Vaughn
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased June (Month) 10 (Day) 1903 (Year)

8. AGE: Years 40 | Months 2 | Days 27 | If less than one day hr. min.

9. Birthplace Ashley (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Maintainence

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

MOTHER
14. Maiden name Josephine Campbell
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel Vaughn
(b) Address Ashley, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation Ashley, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) SEP 8 1943 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1943 hour 5 minute 45 P.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 — Duration
Carcinoma of Pancreas
Empyema of Left Chest
Due to Early Lobar Pneumonia
Left Lower Lobe
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 Alfred Berry (M. D. or other)
Address Date signed 9/8/43

(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.

Embalmer filed separately

Signed.....

Licensed Embalmer No.....

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.