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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 31 1947**

MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **11636**  
Registrar's No. **2996**

Registration District No. **318**

Primary Registration District No. **100**

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

**1. PLACE OF DEATH:**  
(a) County.....  
(b) City or town ST. LOUIS MISSOURI  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
JEWISH HOSPITAL 0  
(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)

**3. (a) PRINT FULL NAME** Raymond Vaughan  
**3. (b) If veteran,** name war. No  
**3. (c) Social Security No.** None

**4. Sex** M **5. Color or race** W  
**6. (a) Single, widowed, married, divorced** Infant  
**6. (b) Name of husband or wife**.....  
**6. (c) Age of husband or wife if alive**..... years

**7. Birth date of deceased.** March 17 1947  
(Month) (Day) (Year)  
**8. AGE:** Years Months Days If less than one day  
17 hr. min.

**9. Birthplace** St. Louis, Mo  
(City, town, or county) (State or foreign country)

**10. Usual occupation**.....

**11. Industry or business**.....

**MOTHER FATHER**  
**12. Name** FLOYD RAYMOND VAUGHAN  
**13. Birthplace** ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

**MOTHER**  
**14. Maiden name** HELEN HARY HOFF  
**15. Birthplace** SCRANTON PENNSYLVANIA  
(City, town, or county) (State or foreign country)

**16. (a) Informant** HELEN VAUGHAN  
**(b) Address** 3840 ST. LOUIS AVENUE

**17. (a) Burial** Memorial Park Cemetery  
(Burial, cremation, or removal) **(b) Date thereof** 3-20-47  
(Month) (Day) (Year)

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

**19. (a) MAR 20 1947** (Date received local registrar)  
**(b) J. F. Brudeck** (Registrar's signature)

**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. 3840 ST. LOUIS AVENUE  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month March day 17<sup>th</sup>  
year 1947 hour 1:30 minute 0 P. M.  
**21. I hereby certify that I attended the deceased from** 3/17/47  
..... 19..... 19.....  
that I last saw him alive on 3/17/47..... 19.....  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Respiratory Failure  
**Due to** Prematurity (26 weeks preg-)  
**Due to**.....  
**Other conditions**.....  
(Include pregnancy within 3 months of death)  
**157**

**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).....

**23. Signature** M. M. M. M. M. (M. D. or other)  
**Address** 402 1/2 E. Taylor **Date signed**.....

**NO EMBALM**

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**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..... **No Embalm**.....

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.**