S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36356
Registrar's No. 9821

FILED NOV 3 1947

Registration District No. 318 Primary Registration District No. 1003

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

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: City Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6yrs 6mos 11das (Specify whether
In this community 44 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. ~~3123 Pine St~~ City Sanitarium (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY VAUGHN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race negro
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 9 1903 (Month) (Day) (Year)
8. AGE: Years 43 Months ~~9~~ 11 Days 10 If less than one day hr. min.
9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Adam Vaughn
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Kate Allway
15. Birthplace not known (City, town, or county) (State or foreign country)
16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hopewell Mo.
18. (a) Signature of funeral director Jennie Lowe
(b) Address 3103 Washington Ave
19. (a) OCT 23 1947 (Date received local registrar) (b) J. H. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19 year 1947 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from April 9, 1941, to Oct., 19, 1947 that I last saw him alive on Oct., 19, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease — Duration 1941x
Hypertension, Nephritis, Chr. — Int.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 L. Hofstaller (M. D. or other) M.D.
Address 5400 Arsenal St Date signed 10/20/4

Jefferson City Printing Co. (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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.