No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14739

FILED MAY 15 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4358

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: Homer G. Phillips (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 Cole
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3333 Lucas Ave (If rural, give location) 9
(e) Citizen of foreign country? 21 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mr. Booker T. Vaughn
3. (b) If veteran, name war
3. (c) Social Security No. 486-14-3750
4. Sex m 2
5. Color or race Col
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 5 (Month) 7 (Day) 1907 (Year)

8. AGE: Years 40 Months 11 Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) Miss (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER
12. Name Peter Vaughn Sr.
13. Birthplace Natchez (City, town, or county) Miss (State or foreign country)
MOTHER
14. Maiden name Kattie D. Defrance
15. Birthplace Natchez (City, town, or county) Miss (State or foreign country)
16. (a) Informant Theodore Vaughn
(b) Address 3333 Lucas Ave.
17. (a) Burail (Burial, cremation, or removal) (b) Date thereof 5-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Gus Lowe
(b) Address 2930 Dickson St.
19. (a) MAY 10 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 3rd year 1948 hour 1:30 minute 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.

	Duration
Immediate cause of death Urinary Carcinoma of bladder; Renal calculi.	
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 5

23. Signature Patrick E. Jungle Address Date signed 5-10-48

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 Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address 4049 St Fernand

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.