

FILED JUL 3 1948

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5829**

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 C. Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **37 days**  
(Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0001**  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3131 Spruce**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Andrew Vaughn**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 2 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Mary Vaughn** 6. (c) Age of husband or wife if alive **49** years  
 7. Birth date of deceased **Jan. 19 1872**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**76 4 8** hr. \_\_\_\_\_ min.

9. Birthplace **Tenn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Tom Vaughn**  
 13. Birthplace **Tenn.**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Betty Baskett**  
 15. Birthplace **Tenn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Rhodes**  
 (b) Address **Medical Director's Office**

17. (a) **Anatomical Boare** (b) Date thereof **JUN 30 1948**  
(Burial, cremations or removal)  
**Anatomical Boare**  
 (c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director **Rowland Mortuary Service**  
 (b) Address **4104 Manchester Ave.**

19. (a) **JUN 30 1948** (b) **J. F. Braddock**  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **27**  
 year **1948** hour **4** minute **50 a. m.**

21. I hereby certify that I attended the deceased from **April 20**, 19 **47** to **May 27**, 19 **48**;  
 that I last saw him alive on **May 27**, 19 **48**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the Stomach with Metastasis**  
 Duration **Undet.**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions **Atypical Pneumonia**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **No**  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury  
 23. Signature **James M. Whittier** (M. D. or other) \_\_\_\_\_  
 Address **2601 N. Whittier** Date signed **6/2/48**

48 - 11430

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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.....

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.**