

S. No. 300
M-10-47
5-17-39
I 3906

State File No. _____

FILED DEC 31 1948
Registration District No. 527

Primary Registration District No. 6076

Registrar's No. 2399

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lackland & Walton Rds.
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 20 years (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. Lackland & Walton Rds.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME GEORGE VAUGHN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 0 S

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 3 1895
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 8 If less than one day hr. _____ min.

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

10. Usual occupation Caretaker

11. Industry or business various persons

MOTHER FATHER { 12. Name William Vaughn

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

14. Maiden name Ann Arnold

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

16. (a) Informant James B. Vaughn

(b) Address 5337-Wabada Ave-St. Louis, Mo.

17. (a) Burial (b) Date thereof 12-11-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Baumgardner Bros Inc.

(b) Address 2501-Woodson Rd-Overland 111-Mo.

19. (a) 12-3-48 (b) Harold L. King
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1948 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov. 2 -
1948 to Dec. 3, 1948;

that I last saw him alive on Dec. 2 -, 1948;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis -

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 940

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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)
(e) Means of injury _____

23. Signature Roy A. Waechter (M. D. grother) _____
Address 2438 Woodson Rd Date signed 12-3-48

Duration 1 Day

years _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

702 310 1898
192 1100

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 3454
....., Registered Apprentice No.....
working under my personal supervision.

Signed David C. Gibson
Licensed Embalmer No. 3454
P. O. Address Overland 14, Mo

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.