

0. 300
0. 48

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3348

State File No. 460

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		b. COUNTY St. Louis	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Homer G. Phillips		d. STREET ADDRESS (If rural, give location) 237 East Kirkham Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle)	c. (Last) Vaughn	4. DATE OF DEATH (Month) (Day) (Year) Jan. 13 1949
-------------------------------------	--------------------	-------------	---------------------	---

5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 16, 1898	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
----------------	--------------------------	---	-----------------------------------	---------------------------------------	-----------------------------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter	10b. KIND OF BUSINESS OR INDUSTRY Arcade Building	11. BIRTHPLACE (State or foreign country) Yazoo City, Miss.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	--

13a. FATHER'S NAME Henry Vaughn	13b. MOTHER'S MAIDEN NAME Anna Chinn	14. NAME OF HUSBAND OR WIFE Aurelia Vaughn
------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 489-12-9652	17. INFORMANT'S SIGNATURE OR NAME Aurelia Vaughn, 237 Kirkham, Webster Groves, Mo.	ADDRESS
---	--	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Occlusion (Sclerosis)</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>9/4/49</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *4:38 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Walter Perry Taylor</i>	(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 1/14/49
--	-------------------	----------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-17-1949	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
---	------------------------	--	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 17 1949 <i>J. B. Foster</i>	25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, 2820 Stoddard St.	ADDRESS
---	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

me

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 _____

Student Embalmer No. 290

working under my personal supervision.

Student James Carter
Student Embalmer

Signed Julian E. Culkin

Licensed Embalmer No. 4198

P. O. Address St. Louis 13

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.