

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6754
Registrar's No. 1942

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

| | | | | | | | | | |
|--|--|---|--|--|--|---|----------------------------------|-----------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 1942 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2057 0 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1 | | | | 25 STREET ADDRESS (If rural, give location) 1608 Franklin | | | | | |
| 3. NAME OF DECEASED (Type or Print) FRED | | a. (First) | | b. (Middle) | | c. (Last) VAUGHN | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) FEB. 13 1951 | | 5. SEX M | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single (1) | | | |
| 8. DATE OF BIRTH abt | | 9. AGE (In years last birthday) 72 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) O.A.A. | | 11. BIRTHPLACE (State or foreign country) England | | | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE | | 12. CITIZEN OF WHAT COUNTRY? 4 | | | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Unknown | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <i>City Hospital Record</i> | | | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized Arterio-sclerosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Bronchopneumonia</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 4500 | | | | | |
| 22. I hereby certify that I attended the deceased from 1-30-51 , 19__, to 2-13-51 , 19__, that I last saw the deceased alive on 2-13-51 , 19__, and that death occurred at 1:45 A.M. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>Joseph Redent M.D.</i> | | | | 23b. ADDRESS 1515 Lafayette Ave. | | 23c. DATE SIGNED 2-13-51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) 10 | | 24b. DATE FEB 28 1951 | | 24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i> | | 24d. LOCATION (City, town, or county) (State) | | | |
| DATE REC'D BY LOCAL REG. FEB 28 1951 | | REGISTRAR'S SIGNATURE <i>J B [Signature]</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Rowland Mortuary Service Inc.</i> | | ADDRESS 4104 Manchester Ave. St. Louis 10, Mo. | | | |

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

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.