

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35709

FILED OCT 23 1951

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State File No.

8783

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 8783			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2159			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5219 Alabama				d. STREET ADDRESS (If rural, give location) 5219 Alabama					
3. NAME OF DECEASED (Type or Print) Robert		a. (First)		b. (Middle) _____		c. (Last) Vaughn			
4. DATE OF DEATH Oct. 2 1951		(Month)		(Day)		(Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Nov. 25 1876			
9. AGE (In years last birthday) 74		# UNDER 1 YEAR Months _____		# UNDER 1 YEAR Days _____		# UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Artist				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis Mo.			
12. CITIZEN OF WHAT COUNTRY? _____				13a. FATHER'S NAME Robert Vaughn Sr.		13b. MOTHER'S MAIDEN NAME Agnes Bergeb			
14. NAME OF HUSBAND OR WIFE Juno Vaughn				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____					
16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME Juno Vaughn ADDRESS 5219 Alabama					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease with myocardial decompensation ANTECEDENT CAUSES due to (b) Arteriosclerosis DUE TO (a) _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 10 mo	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HV3X							
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 2:45P m., from the causes and on the date stated above.									
23a. SIGNATURE Theodore R. Schleich (Degree or title) MD				23b. ADDRESS 2203 Laurence		23c. DATE SIGNED 10/3/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 10-5-1951		24c. NAME OF CEMETERY OR CREMATORY Mo. Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 5 1951		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher ADDRESS 3013 Meramec					

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

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.....
Student Embalmer

Signed

Jack Haupt

Licensed Embalmer No. *4746*

P. O. Address *St. Louis*

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.