

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42772

FILED JAN 15 1957

STATE FILE NUMBER
11681

Registration District No. **318** Primary Registration District No. **1003** Registrar's No.

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|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>St Louis</i> Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <i>St Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Doa City Hosp</i> Length of stay in 1b <i>2061</i> | | d. STREET ADDRESS <i>5210 Highland</i> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <i>Vaughn</i> First <i>B</i> Middle <i>Browning</i> Last | | 4. DATE OF DEATH <i>Dec 19 1956</i> Month Day Year | |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>Negro</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>90 days 1906</i> |
| 9. AGE (In years last birthday) <i>51</i> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Parts man</i> | 11. BIRTH PLACE (City and state or country) <i>St Louis Mo</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Parts man</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Midland Ford Tractor Co.</i> | 12. COUNTRY OF BIRTH <i>Mo.</i> |
| 13. FATHER'S NAME <i>Frank B Browning</i> | | 14. MOTHER'S MAIDEN NAME <i>Lurania Vaughn</i> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>No</i> | |
| 17. INFORMANT <i>Mildred Reed</i> Address <i>4327 Osfield</i> | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>420.1</i> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY: Hour _____ Month _____ Day _____ a. m. _____ p. m. | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____ | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>James M Neely Corbin</i> (Name or title) <i>3</i> | | 22b. ADDRESS <i>1300 Clark</i> | |
| 22c. DATE SIGNED <i>12-21-56</i> | | 23. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i> | |
| 23a. LOCATION (City, town, or county) <i>St Louis Co Mo</i> | | 23b. DATE <i>24 Dec 56</i> | |
| 24. FUNERAL DIRECTOR <i>Reliable Funeral Svs</i> ADDRESS <i>1389 N Union</i> | | 25. DATE RECD. BY LOCAL REG. <i>DEC 21 1956</i> | |
| 26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> | | 26. REGISTRAR'S SIGNATURE <i>S.P.</i> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Paul V. Freeman*.....

Licensed Embalmer No. *460*.....

P. O. Address *4779th*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.