

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8105 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo. Length of stay in 1b _____
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY _____

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital Inside Limits Yes No
 c. CITY OR TOWN St. Louis, Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3120 N. 11th Str. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
(infant) SIDNEY VAUGHN JR. AUGUST 30 1961

5. SEX Male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH Aug. 28, 1961 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
2 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and state or country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME SIDNEY VAUGHN SR. 13b. MOTHER'S MAIDEN NAME JOYCE HUFF 14. NAME OF HUSBAND OR WIFE _____

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. NONE 17. INFORMANT Address Sidney Vaughn, Sr. 3120 N. 11th St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Respiratory and Myocardial Insufficiency
Interventricular septal defect
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 754.2
 DUE TO (c) _____
 INTERVAL BETWEEN ONSET AND DEATH 36 hrs
36 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION COUNTY STATE _____

21. I attended the deceased from 8-28-61, to 8-29-61 and last saw her/him alive on 8-29-61
 Death occurred at 4:25 PM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E E King M.D. 22b. ADDRESS 2114 E Grand 22c. DATE SIGNED 31 Aug 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Sept. 1, 1961 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS Henry Leidner Und. Co 2223 St. Louis Ave. 25. DATE RECD. BY LOCAL REG. AUG 31 1961 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Albert Mayfield

Licensed Embalmer No.

3077

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.