

2749

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1003

11312

-62-044999

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No.

Registrar's No.

FILED DEC 7 1962

VS 300
Rev. 4/59

1

2 22 29

3

4 2

5 0

6

7 0

8 1

9

10

11

12 75-3

13

75

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) St Louis		c. CITY OR TOWN St Louis	
c. FULL NAME OF (If NOT in hospital, give location) City Hospital no. 1		d. STREET ADDRESS (If outside, give location) 2822 nd Carondelet	
3. NAME OF DECEASED (Type or print) Thomas Vaughan		4. DATE OF DEATH 11 21 62	
5. (SEX) male	COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct 19, 1962
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) St Louis Mo
13a. FATHER'S NAME Anthony Vaughan		13b. MOTHER'S MAIDEN NAME Bernella Kimming	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input type="checkbox"/> No <input checked="" type="checkbox"/>) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. —	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation from aspiration of milk mixture into trachea and bronchi on November 21 st 1962 DUE TO (b) while in bed at home (no plaque involved) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) accident 921-0-18		17. INFORMANT Anthony Vaughan 2822 nd Carondelet	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above	
20c. TIME OF INJURY Hour 11-21-62 a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION St Louis, Mo	
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 Joseph M. [Signature]		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 12-3-62		22d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo	
23a. BURIAL CREMATION, REMOVAL (Specify) —		23b. DATE 11-26-62	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo	
24. FUNERAL DIRECTOR A. J. Watson		25. DATE RECD. BY LOCAL REG. Nov. 25, 1962	
ADDRESS 2719 Chestnut		26. REGISTRAR'S SIGNATURE Wood Smith M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

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 *Jefferson W. E. [Signature]*

Licensed Embalmer No. 5072

P. O. Address 4235 [Signature]

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.