

**MISSOURI STATE BOARD OF HEALTH**  
**BUUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

32345

1. PLACE OF DEATH  
 County St. Louis Registration District No. 785-  
 Township Meramec Primary Registration District No. 6032 File No. 198  
 City Meramec River, Corp., Mo. (No.          Ward) Registered No. 198  
 2. FULL NAME Harmon Aubuchon Aubuchon  
 (a) Residence. No. 1024 Woodstock Rd. Ward. Ferguson Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 13-1911.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
20 7 =

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Coil winder  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employe. Wagner Electric

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER James Aubuchon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Stella Guittar

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT (Address) James Aubuchon 1024 Woodstock Rd.

15. FILED 9/15, 1931 P. E. Barnett M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 13 1931  
 17. I HEREBY CERTIFY, That I attended deceased from         , 19        , to         , 19        , that I last saw him alive on         , and that death occurred, on the date stated above, at          m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Accidental drowning while bathing in Meramec River at Linton, Mo.  
183 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)          (duration) yrs. mos. ds.  
 18. WHEN WAS DISEASE CONTRACTED           
 IF NOT AT PLACE OF DEATH Linton Mo

0 DID AN OPERATION PRECEDE DEATH. no DATE OF           
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physic report  
 (Signed) John Stuebel, M. D.  
9-14-1931 (Address) James Selous Jones

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Ferdinand Cem. DATE OF BURIAL Sept. 16, 1931

20. UNDERTAKER Gas. W. Clark ADDRESS 1125 Hadison

OCT 6 1931

