

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

Do not use this space.

20969

1. PLACE OF DEATH

County St. Louis Registration District No. 289
 Township Central Primary Registration District No. 6033-3
 City Pine Lawn, Mo. (No. 6211) Natural Bridge Road, St. Ward

File No. _____
 Registered No. 173

2. FULL NAME

(a) Residence, No. 6211 Natural Bridge Rd. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolph Danton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5 1864

7. AGE YEARS 68 MONTHS 8 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Leon Aubuchon

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

15. MAIDEN NAME Theresa Loraine

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

17. INFORMANT Adolph Danton

(ADDRESS) 6211 Natural Bridge

18. BURIAL, CREMATION, OR REMOVAL PLACE Ferdinand DATE June 9, 1933

19. UNDERTAKER W. Clark

(ADDRESS) 1125 Goddard Ave

20. FILED 6-7-1933 John Grey M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-29, 1933, to 6-6, 1933

I last saw deceased alive on 6-6, 1933. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia
1933
1933
 Other contributory causes of importance:
Psychotic Depression

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) J. H. Gray
 (Address) 3718 Jennings

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 21 1933

235

