

MAY 7 1937

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

Do not use this space.

791
1003

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. ~~Reports~~ to City Hospital, #1 St. Ward)

File No. 1-1573
Registered No. 4069

2. FULL NAME

James Aubuchon

(a) Residence, No. 1828 S. 9th. St. 23 Ward.
(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 Male 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) Sept. 27 - 1926.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 6 20

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

MOTHER 12. BIRTHPLACE (CITY OR TOWN) Granite City (STATE OR COUNTRY) Illinois

FATHER 13. NAME Willard Aubuchon

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

MOTHER 15. MAIDEN NAME Anna Moon

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

17. INFORMANT Willard Aubuchon (ADDRESS) 1828 S. 9th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Herculaneum, Mo. DATE Apr. 19 - 1937

19. UNDERTAKER Wacker-Helderle (ADDRESS) 2331 S. Broadway

20. FILED APR 18 1937 J. Bredeck Registrar.

No Physician in Attendance
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 16th. 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 6.50 P.M.

The principal cause of death and related causes of importance were as follows:
Internal Haemorrhage from Punctured left lung, as the result of being run over after falling from a 2 1/2 ton beam on T. Aug 2:50

Other contributory causes of importance:
Shoveled by me just before at 7th and Lafayette Ave about 4:30 P.M. in April 16, 1937

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: Accident Date of injury 4/16/37
Where did injury occur? St. Louis Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Alfred Perry M.D. (Signed) Deputy Coroner (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. OCCUPATION is very important.

1937

