

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

Do not use this space.

NOV 15 1937

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1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City **St. Louis**

(No. **Firmen No. 1003**)

File No.

Registered No. **9491**

St. Ward)

2. FULL NAME Joseph Aubuchan

(a) Residence, No. **625 S. Boyle** St. **18** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **15** 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, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **Virginia Aubuchan**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 3-1896**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 1 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Bellman**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Statler Hotel**
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 **Louis Aubuchan**

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

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MO**

17. INFORMANT **Mrs Virginia Aubuchan**
(ADDRESS) **825 S. Boyle**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Flat River MO** DATE **10/12/37**

19. UNDERTAKER **Allen W. McLaughlin**
(ADDRESS) **2301 Lafayette**

20. FILED **11-15-37** Registrar **J. Shedeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 10, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **October 4**, 1937, to **October 10**, 1937
I last saw him alive on **October 9**, 1937. Death is said to have occurred on the date stated above, at **2:07 A.M.**
The principal cause of death and related causes of importance were as follows:

**Bi-lateral Poly Cystic Kidneys
Uremia - No stones**

Other contributory causes of importance: **1336**

Name of operation **None** Date of
What test confirmed diagnosis? **N.P.N.** Was there an autopsy? **No**

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? **No**
If so, specify
(Signed) **J. McDonald**, M. D.
(Address) **Firmen - No. 1003 Hospital**

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.

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