

FEB 12 1938

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

991

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **Missouri-Pacific Hospital** Registered No. **847**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Theodore-Louis-Aubuchon-125
(a) Residence, No. St. **NR** **HERCULANEUM-MO.**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Elsia Aubuchon**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 12th, 1882**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 5 10
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Fireman**
9. Industry or business in which work was done, as saw mill, bank, etc. **M & I RR**
10. Date deceased last worked at this occupation (month and year) **Jan. 12, 1938** 11. Total time (years) spent in this occupation **20 Yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Festus, Missouri**

FATHER 13. NAME **Joseph Aubuchon**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cadet, Missouri**

MOTHER 15. MAIDEN NAME **Sarah Parkins**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Palmer, Missouri**

17. INFORMANT **Mrs. Elisia Aubuchon**
(ADDRESS) **Festus, Missouri**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Festus, Mo.** DATE **January 26, 1938**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.,**
(ADDRESS) **429 N. Euclid Avenue**

20. FILED **JAN 24 1938** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 22, 1938**

22. I HEREBY CERTIFY, that I attended deceased from **January 19, 1938**, to **January 22, 1938**.
I last saw him alive on **January 22, 1938**. Death is said to have occurred on the date stated above, at **5:25 P.** m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia - Bilateral Date of onset **1-14-38**

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) **Alfredo P. Spetta** M. D.
(Address) **Missouri-Pacific Hospital**

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed *Albert H. Kappa*
Licensed Embalmer No. *1861*

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.)