

REC'D MAR 13 1939

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

4516
Do not use this space.

1. PLACE OF DEATH
(a) County Registration District No. 791
(b) Township or City St. Louis Primary Registration District No. 1003
(c) City (d) Street No. City Hospital No. 1 St.
(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.
D. 15572
2. PRINT FULL NAME Wilson Aubuchon
(a) Residence, No. 1473 Blackstone st. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Kate Aubuchon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7-1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>66</u>		<u>9</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. laborer
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 0

FATHER
13. NAME Louis Aubuchon 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florence Mo

MOTHER
15. MAIDEN NAME Adeline Crealey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florence Mo.

17. INFORMANT Hosp. Info M. Kent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Free Cem DATE Jan 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. T. Hunt
1225 Union Blvd

20. FILED FEB 7 1939
J.P. Budick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/5/39 1939

22. I HEREBY CERTIFY That I attended deceased from 1/24/39 to 2/5/39 1939
I last saw him 2/5/39 1939 Death is said to have occurred on the date stated above, at 12.40 a m.
The principal cause of death and related causes of importance were as follows:
1) Intestinal obstruction (secondary to diverticulitis & perforation)
2) Shock described as non-malignant
Other contributory causes of importance:
123

Name of operation Colotomy Date of 1/21/39
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 1939
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) T. E. Tyner M. D.
(Address) City Hospital No. 1

K. 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.