

Registration District No. 791Primary Registration District No. 1003Registrar's No. 1703

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 MO., 29 Days
 (Specify whether LIFE)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Dan Aubuchon

8. (b) If veteran, name war NONE 8. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCT. 13 - 1852
 (Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO
 (City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

12. Name UNKNOWN 9

13. Birthplace _____
 (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN 6
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant: John Aubuchon

(b) Address 11840 BROADWAY

17. (a) BURIAL (b) Date thereof 2-21-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. FERDINAND

18. (a) Signature of funeral director Bullin & Kelly

(b) Address 1416 N. Taylor ave. St. L.

19. (a) FEB 19 1940
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
 (c) City or town ST. LOUIS 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1416 N. TAYLOR
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18,
 year 1940 hour 12:01 minute A. M.

21. I hereby certify that I attended the deceased from December 19, 1940 to February 18, 1940
 that I last saw him alive on February 18, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 3 days

Due to Septic, arterio-sclerosis generally, arterio-sclerotic gangrene of both feet

Other conditions Benign Hypertrophy of Prostate
 (Include pregnancy within 3 months of death)

Major findings: _____
 operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature J. Robinson Jr. (M. D. or other) _____
 Address 1575 Lafayette Date signed 2/19/40

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 Clement M. Mealy

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.