

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

22662

FILED JUL 17 1940

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 95

1. PLACE OF DEATH:

(a) County ST CHARLES  
(b) City or town ST CHARLES  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST JOSEPH'S HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 DAY  
(Specify whether  
In this community  
years, months or days) 125

8. (a) PRINT FULL NAME JOSEPH AUBUCHON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. —

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased BGT 3 1865  
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 30 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation FARMER

11. Industry or business SELF

MOTHER FATHER { 12. Name JOSEPH AUBUCHON

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

14. Maiden name CHARITINE KUCKER

15. Birthplace FLORISSANT MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Aubuchon

(b) Address Florissant Mo

17. (a) Buried (b) Date thereof 6/6/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Ferdinand Cem.

18. (a) Signature of funeral director Blairman Bros

(b) Address onesland mo

19. (a) 6/4/40 (b) Blairman Bros  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS  
(c) City or town FLORISSANT  
(If outside city or town limits, write "RURAL")  
(d) Street No. TCSSON RD  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd  
year 1940 hour 5:30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from June 2, 1940  
\_\_\_\_\_, 19\_\_\_\_, to June 3, 19\_\_\_\_  
that I last saw him alive on June 3, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death chr. myocarditis  
Duration 3 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
93C

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death) Duration 6 yrs

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_  
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?  
679 (Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_

23. Signature RJ Brudice (M. D. or other) \_\_\_\_\_  
Address no clay Date signed 6/3/40

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**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 the above constitutes grounds for revocation of license.)**

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