

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. 784 Primary Registration District No. 113

1. PLACE OF DEATH: St. Louis  
(a) County Floissant  
(b) City or town Floissant  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community 175  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Floissant  
(c) City or town Floissant  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Annie Dubuchon  
3. (b) If veteran, name war no 3. (c) Social Security No. none  
4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 1872 years  
7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 21  
year 1940 hour 19:15 minute P.M.  
21. I hereby certify that I attended the deceased from 8-1, 1940 to 8-21, 1940  
that I last saw him alive on 8-21, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years About 67 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death acute myocardial infarction Duration 1925

9. Birthplace Floissant Mo.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to chw nephritis 1930

10. Usual occupation Housework  
11. Industry or business at home

Other conditions (Include pregnancy within 3 months of death) 59

12. Name Frank Dubuchon  
13. Birthplace Floissant Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Therese Lardant  
15. Birthplace Floissant Mo.  
(City, town, or county) (State or foreign country)

Major findings: Of operations none  
Of autopsy none

16. (a) Informant George D. Dubuchon  
(b) Address Floissant Mo.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof 8-24-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) ✓  
(b) Date of occurrence ✓

(c) Place: burial or cremation St. Ferdinand Cem.  
(d) Signature of funeral director Chas. J. Smart

(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? \_\_\_\_\_

18. (a) Signature of funeral director Chas. J. Smart  
(b) Address 1225 Union Blvd.

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

19. (a) AUG 23 1940 (b) T. C. Meyer, M.D.  
(Date received local registrar) (Registrar's signature)

23. Signature Ray Johnson (M. D. or other) ✓  
Address Floissant Mo. Date signed 8-22-40

**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

*Bernard J. Stuart*

Licensed Embalmer No. *3500*

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, fact should be so stated above.**