

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36334

State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1906

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Camden Park  
(c) Name of hospital or institution: Roch Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 274 days  
(Specify whether  
In this community 24  
years, months or days)

3. (a) PRINT FULL NAME MARCELLA AUBUCHON

3. (b) If veteran, name war — 3. (c) Social Security No. None

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan 30 1916  
(Month) (Day) (Year)

8. AGE: Years 24 Months 8 Days 7 If less than one day — hr. — min.

9. Birthplace St. Louis mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation None 0

11. Industry or business 0

MOTHER FATHER { 12. Name John Aubuchon  
13. Birthplace St. Louis mo  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Magdalen Schell  
15. Birthplace St. Louis mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Roch Hosp. Records  
(b) Address Roch, mo.

17. (a) BURIAL (b) Date thereof 10-10-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. FERDINAND

18. (a) Signature of funeral director Cullen Kelly

(b) Address 1716 N. TAYLOR

19. (a) OCT - 8 1940 (b) T.R. Meyer, M.D. G.H.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County —  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1814 Haymer Place  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7  
year 1940 hour 10:40 minute 0 M.

21. I hereby certify that I attended the deceased from 1-3-1940 to 10-7-1940,  
that I last saw him alive on 10-7-1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 3 yrs?

Due to —

Due to 231

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

Major findings: Of operations —

Of autopsy Confirms above

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 G. Friedman (M. D. or other) MD  
Address Roch Hosp, Roch, mo. Date signed 10-8-40

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

**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 McNeuf*

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

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