

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

26001

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 119

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: 312 Lawrence Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME Catherine Aubuchon

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Barry Aubuchon 6. (c) Age of husband or wife if alive, years 18 1856
7. Birth date of deceased (Month) March (Day) 18 (Year) 1856

8. AGE: Years 85 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Batchtown, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Ferguson
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Antione Boelague

(b) Address 312 Lawrence St. Charles, Mo.

17. (a) Burial (b) Date thereof June 24-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St. Charles

18. (a) Signature of funeral director H.C. Ballenger & Sons Inc.

(b) Address 800 N. Secor, St. Charles, Mo.

19. (a) 6-20-41 (b) Clarence B. Mesler (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles (If outside city or town limits, write "RURAL")
(d) Street No. 312 Lawrence St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1941 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Coroner's Case 19 viewing of body that I last saw him alive and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart
Due to

Due to Gen. Arterio Sclerosis
Other conditions (Include pregnancy within 3 months of death) 10 yrs +

Major findings: Of operations 97
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?

(Specify type of place) While at work? (e) Means of injury
23. Signature A.P. Erich Schaefer (M.D. or other)
Address St. Charles Mo. Date signed 6/24/41

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

92
9
3

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

John E. Dellmeyer

Licensed Embalmer No. *2951*

P. O. Address *St Charles Mo*

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, fact should be so stated above.