

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

FILED JUN 19 1943

318

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... *St. Louis*
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution.....
St. Anthony Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In-hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... *Mo.* (b) County.....
 (c) City or town..... *St. Louis*
(If outside city or town limits, write "RURAL")
 (d) Street No. *1286 - Amherst pl.*
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... *Eiroch G. Aubuchon*

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

4. Sex..... *Male* 5. Color or race..... *White* 6. (a) Single, widowed, married, divorced..... *Married*

6. (b) Name of husband or wife..... *Bella M. Aubuchon* 6. (c) Age of husband or wife if alive..... *51* years

7. Birth date of deceased..... *Aug. 27 - 1889.*
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 9 16 hr. min.

9. Birthplace..... *French Village, Mo.*
(City, town, or county) (State or foreign country)

10. Usual occupation..... *Insurance salesman*

11. Industry or business.....

12. Name..... *Narcis Aubuchon*

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

14. Maiden name..... *Bella M. Carthy*

15. Birthplace..... *Missouri*
(City, town, or county) (State or foreign country)

16. (a) Informant..... *Bella M. Aubuchon*

(b) Address..... *1286 - Amherst pl.*

17. (a) Burial, cremation, or removal..... *Burial* (b) Date thereof..... *June 12/43.*
(Month) (Day) (Year)

(c) Place: burial or cremation..... *Calvary Cem.*

18. (a) Signature of funeral director..... *Jos. W. Clark*

(b) Address..... *1125 Hodson Ave.*

19. (a) JUN 11 1943 (b) *J. Bredek*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June* day *9*
 year *1943* hour *11.50* minute *A.* M.

21. I hereby certify that I attended the deceased from *May 15* 19*43* to *June 9* 19*43*
 that I last saw him alive on *June 9* 19*43*
 and that death occurred on the date and hour stated above.

Immediate cause of death..... *Coronary Occlusion*

Due to.....

Due to.....

Other conditions..... *PH*
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 *PH* (Specify type of place) (e) Means of injury.....

23. Signature..... *Paul Vinjard* (M. D. or other)

Address..... *3718 A Olive - St. Louis* Date signed *6-10-43*

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

Dr. Paul Lingard

3718 Alameda St.

St. Louis 63822 Mo.

*Received of the
Estate of
John Doe
for the purpose of
interment
in the
Catholic
Cemetery
St. Louis
Mo.
this
1st day of
April
1981*

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 *Paul Kelly*
Licensed Embalmer No. *3225*
P. O. Address *1125 Hodiamont*

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.