

S. No. 2  
M-2.43  
5-17-39  
I X33697

31908

State File No. \_\_\_\_\_  
Registrar's No. 15-84

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1943

Registration District No. 101

Primary Registration District No. 5594

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL - Meramec  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
ST. JOSEPH'S HILL INFIRMARY EUREKA.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 8 MTHS - 19 DAYS 5  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI

(b) County JEFFERSON <sup>05</sup>

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. 2024  
(If rural, give location)

(e) Citizen of foreign country? NO. (Please No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPH AUBUCHON.

3. (b) If veteran, name war NO. 3. (c) Social Security No. NO.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced, WIDOWED

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

7. Birth date of deceased: JULY 20 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation TEAMSTER RETIRED

11. Industry or business AS ABOVE

12. Name of father ABBEDEEN AUBUCHON.

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

14. Maiden name MARY LENARE

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

16. (a) Informant Brother Patrick O. St.

(b) Address St. Joseph Infirmary, Eureka

17. (a) buried (b) Date thereof 8/25/1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Joe W. Clark

(b) Address 1125 Woodmont

19. (a) 23 Aug 1943 (b) JA Townsend  
(Date of entry on local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23  
year 1943 hour \_\_\_\_\_ minute 4:30 P. M.

21. I hereby certify that I attended the deceased from January 9th 1943 to Aug. 23 1943  
that I last saw him alive on Aug. 23 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Lobar Pneumonia

Due to \_\_\_\_\_

Other conditions (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? \_\_\_\_\_

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

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

23. Signature Jose S. Sargent (M. D. examiner)  
Address Eureka, Mo. Date signed 8/23/43

(Licensed Embalmer's Statement on Reverse Side)

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

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*James*

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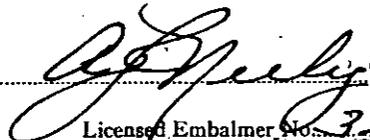
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**STATEMENT BY LICENSED EMBALMER**

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. *7225*

P.O. Address *1125 Abbeville Ave St Louis*

**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.**