

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
TESON ROAD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community LIFE years, months or days)

3. (a) PRINT FULL NAME EDWARD AUBUCHON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>SO</u>
6. (b) Name of husband or wife _____		6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased <u>APR. 30 1860</u> (Month) (Day) (Year)		

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace FLORISSANT MO. O
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name JOSEPH AUBUCHON

13. Birthplace FLORISSANT MO. O
(City, town, or county) (State or foreign country)

14. Maiden name CATHERINE KNUCHOLS

15. Birthplace FLORISSANT MO. O
(City, town, or county) (State or foreign country)

16. (a) Informant GEORGE AUBUCHON

(b) Address FLORISSANT, MO.

17. (a) Burial (b) Date thereof 1-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. FERDINAND CEM.

18. (a) Signature of funeral director Blaumann Bros Inc.

(b) Address 2504 Woodson Rd. Overland, Mo.

19. (a) JAN 5 - 1944 (b) E. G. McHarran, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town FLORISSANT - RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. TESON ROAD
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 31st
year 1943 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from Apr. 1st 1943 to Apr. 31st 1943.
that I last saw him alive on December 30th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Disease of Heart Duration 13 mo.

Due to arteriosclerosis 13 mo.

Due to _____

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

Major findings:
Of operations _____

Of autopsy gnd

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature H. T. Colman, M.D. (M. D. or other)
Pattonville, Mo. Date signed Dec 24 1943

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.