

FILED MAY 27 1944

30-6-06075

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL Farmington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 yrs. 8 mos. 25
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME VICTORINE AUBREY (AUBRY)

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Victor Aubry 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased 1853
(Month) (Day) (Year)

8. AGE: Years About 91 Months Days If less than one day
hr. min.

9. Birthplace St. Quirin, Lorraine, France
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Jean Baptiste Laval

12. Name Unknown

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

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4, Farmington, Mo.
(b) Address XXX and Mrs. Josephine Laval, Los Angeles, Calif.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-44
(Month) (Day) (Year)

(c) Place: burial or cremation New Catholic Cem., Farmington, Mo.

18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.

19. (a) 5-4-44 (Date received local registrar) (b) J. J. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Probably Crystal City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1944 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from March 20, 1944 19____ to April 19, 1944 19____

that I last saw h. or alive on April 19, 1944 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Senility & Psychosis Duration ?

Due to 1670

Due to _____

Other conditions Manic Depressive 57 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No 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? _____

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

23. Signature David Basham (M. D. or D. O.)
Address State St. 4 Date signed 4-22-44

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RECEIVED

5-13-44

District Health Officer No. 4

District File Number 544-383

Date Filed 5-13-44

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.....

A. Cozart

Licensed Embalmer No. 4084

P. O. Address Farmington

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.