

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24081

State File No.

Registrar's No. 47

FILED JUN 16 1946

Registration District No. 160

Primary Registration District No. 3029

1. PLACE OF DEATH:

(a) County JEFFERSON  
(b) City or town 301 - 7TH ST CRYSTAL CITY Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether)  
In this community 1 YEAR - 4 Mo  
years, months or days)

3. (a) PRINT FULL NAME ZENO A. AUBUCHON

3. (b) If veteran, name war --- 3. (c) Social Security No. 490-14-6644

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife NELLIE AUBUCHON 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased JAN. 25, 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 5 1 hr. min.

9. Birthplace ST MARYS Mo. (1)  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED LABORER

11. Industry or business

MOTHER FATHER { 12. Name PETER AUBUCHON (1)  
13. Birthplace ST. MARYS Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY SCESL  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS NELLIE AUBUCHON  
(b) Address 301 - 7TH ST. CRYSTAL CITY Mo

17. (a) BURIAL (b) Date thereof JUNE 29 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURGESS CEM. ANTONIA Mo.

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMISWICK Mo

19. (a) JUNE 29 1946 (b) (Clean Brown)  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON 50  
(c) City or town CRYSTAL CITY Mo 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 301 7TH ST 1  
(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 26  
year 1946 hour 6 PM minute P. M.

21. I hereby certify that I attended the deceased from JUNE 10  
1946 to JUNE 26, 1946  
that I last saw him alive on JUNE 26, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia lobar  
Due to Myocarditis

Due to (Thrombophlebitis)  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓ Of autopsy NO

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 Harry Gosket (M. D. or other) NO  
Address --- Date signed 6/27/46

**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, ~~only~~.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Elmer A. Heligtag*

Licensed Embalmer No.

*3571*

P. O. Address.

*Kimmnick, 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.**