

Registration District No. 310

Primary Registration District No. 3058

113

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(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

3. (a) PRINT FULL NAME

Lillie Aubuchon

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Adolph Aubuchon
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 20, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 5 17 hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Adolph Donton
13. Birthplace Florissant, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Amelia Aubuchon
15. Birthplace Florissant, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Aubuchon
(b) Address Florissant, Mo. Rout 1.

17. (a) Burial (b) Date thereof July 15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cemetery

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) July 16-46 (b) Frankie Hamelton
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1946 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from June 1, 1946 to July 12, 1946
that I last saw her alive on July 11 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration ?

Due to Coronary artery of transverse aorta ?

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of 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 John J. Hamelton (M. D. or other) ?
Address 712-46 Date signed 7-12-46

284 (Licensed Embalmer's Statement on Reverse Side)

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

R. J. M. Jenkins

MAY 20 1932

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed.....

7-22-46

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Alfred J. Boedeker

Licensed Embalmer No..... 2663

1125 Hodiament Ave.,
P. O. Address..... St. Louis, 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.