

FILED NOV 19 1946

Registration District No. 160

Primary Registration District No. 9 5582

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Herculaneum
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 CECELIA KEMPTH AUBUCHON

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife George Aubuchon 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased October 14 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 0 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Martin Kempth 4
13. Birthplace Unknown Germany 1
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 1
15. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ed Earls
(b) Address Herculaneum, Missouri

17. (a) Burial (b) Date thereof 11 / 17 / 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Missouri

18. (a) Signature of funeral director Fink Funeral Parlor

(b) Address Festus, Missouri

19. Nov 16 1946 (b) Cecilia Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50
(c) City or town Herculaneum 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14th
year 1946 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to Nov 14 1946
that I last saw her alive on Nov 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 2 days
Due to Embolism femoral 2 days
left

Other conditions (Include pregnancy within 3 months of death)

Major findings: None 99
Of operations None
Of autopsy None

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 [Signature] (M. D. or other) [Signature]
Address Herculaneum Mo Date signed 11/16/46

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

Date filed 11-18-66

District File Number

District Health Officer No. 9,

RECEIVED

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, of ##

Ekeuan Province

Registered Apprentice No. ##

working under my personal supervision.

Signed

Ekeuan Province

Licensed Embalmer No 3403

P. O. Address Festus, Missouri

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.