

FILED JUL 6 1948

State File No. _____

Registration District No. 377

Primary Registration District No. 446306 & 6076

Registrar's No. 1534

1. PLACE OF DEATH:
 (a) County... St. Louis
 (b) City or town... Florissant
 (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... _____
 In this community... Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State... Missouri (b) County... St. Louis 96
 (c) City or town... Florissant 10
 (If outside city or town limits, write "RURAL")
 (d) Street No... Teson Rd. 0
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Martin V. Aubuchon
 3. (b) If veteran, name war... --- 3. (c) Social Security No... ---

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month June day 19 year 1948 hour 7 minute 10 P.M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife... ---- 6. (c) Age of husband or wife if alive... --- years
 7. Birth date of deceased December 3 1882
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 22 March 1948 to 19 June 1948
 that I last saw him alive on 19 June 1948 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>6</u>	<u>16</u>	_____ hr. _____ min.

Immediate cause of death metastatic carcinoma of undetd. origin
 Due to _____
 Due to 55

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

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

10. Usual occupation Farmer

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business Agriculture

MOTHER { 12. Name Frank Aubuchon 0
 13. Birthplace Missouri. 0

Major findings:
 Of operations C.A., probably squamous cell
 Of autopsy _____

14. Maiden name Theresa Mareschal
 15. Birthplace Missouri. 0

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Lemuel Chapie

(b) Address Florissant, Mo.
 17. (a) Burial (b) Date thereof 6/22/48.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

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

(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? _____

18. (a) Signature of funeral director White Funeral Home
 (b) Address Ferguson, Mo.

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

19. (a) 6-21-48 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

23. Signature H. E. Hangan (M. D. or other) M.D.
 Address Pattersonville, Mo. Date signed 19 June 48

OCT 8 1 1948

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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Jerguson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.