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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 23 1948

Registration District No. 3/7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 35053

Registrar's No. 2396

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

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: Route # 3 Box 260
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Florissant
(If outside city or town limits, write "RURAL")

(d) Street No.: Route # 3 Box 260
(If rural, give location)

(e) Citizen of foreign country? --- (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME: Alice M. Aubuchon

3. (b) If veteran, name war: ---

3. (c) Social Security No.: ---

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Richard J. Aubuchon

6. (c) Age of husband or wife if alive: Dec'd. years

7. Birth date of deceased: Oct (Month) 13 (Day) 1948. (Year)

8. AGE: Years 75 | Months 2 | Days 13 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Housewife

11. Industry or business: ----

MOTHER FATHER

12. Name: Frank Beaudion

13. Birthplace: Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Alfred Aubuchon

(b) Address: Florissant, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/16/48 (Month) (Day) (Year)

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

18. (a) Signature of funeral director: White Funeral Home

(b) Address: 118 N. Florissant Rd.

19. (a) 10-15-48 (Date received local registrar) (b) Cecil A. Shay M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1948 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from January, 1947, to Oct, 1947, that I last saw her alive on Oct. 13, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral vascular accident — probably hemorrhage	12 hrs.
Due to: Arteriosclerotic cardio-vascular disease	yrs.
Due to:	
Other conditions: Arthritis deformans severe	

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: [signature] (M. D. or other) MD

Address: [address] Date signed: 10/14/48

(Licensed Embalmer's Statement on Reverse Side)

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 Ferguson, 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.