

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

114-36

State File No.

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 769			
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NORMANDY		c. LENGTH OF STAY (In this place) 1 YR		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PIVELAWN		TOWN 1190			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7626 NATURAL BRIDGE				d. STREET ADDRESS (If rural, give location) 3633 KIENLEN					
3. NAME OF DECEASED (Type or Print) JULIA		(First) AUBUCHON		(Middle) AUBUCHON		(Last)			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APR-21-1860			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) 89		11. BIRTHPLACE (State or foreign country) MO			
10c. CITIZEN OF WHAT COUNTRY? U.S.		11. BIRTHPLACE (State or foreign country) FLORISSANT-MO		12. CITIZEN OF WHAT COUNTRY? U.S.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME JOHN HUBERT		13b. MOTHER'S MAIDEN NAME CECELIA TOURVILLE		14. NAME OF HUSBAND OR WIFE ALEX AUBUCHON					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		(If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME MRS. MAY PAYEUR ADDRESS 3633 KIENLEN			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis				DUE TO (b) Chronic Myocarditis				3 da.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Chr. Arthritis				10 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				none				20 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION none						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7220					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from 1-10, 1950 , to 3-22, 1950 , that I last saw the deceased alive on 3-22, 1950 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Geo. H. Klumperfus MD				23b. ADDRESS 340 Bermuda Ave.		23c. DATE SIGNED 3-22-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-24-50		24c. NAME OF CEMETERY OR CREMATORY ST. FERDINAND'S		24d. LOCATION (City, town, or county) (State) FLORISSANT-MO			
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE MAR 23 1950		REGISTRAR'S SIGNATURE Herbert L. Blanks / pr L. B. Tanner		25. FUNERAL DIRECTOR'S SIGNATURE 610 Natural Bridge ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

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

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 ME

working under my personal supervision.

Student Embalmer No.....

Signed William J. Hayden

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.