No. 300
10.48

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31247

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 323

940 2

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL St. Francois
c. LENGTH OF STAY (In this place): 4M; 20 das
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Ste. Genevieve
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ste. Genevieve 095 1
d. STREET ADDRESS (If rural, give location): 231 Jefferson Street 1

3. NAME OF DECEASED (Type or Print)
a. (First): ELLIS
b. (Middle): BERNARD
c. (Last): AUBUCHON

4. DATE OF DEATH (Month) (Day) (Year): September 24, 1951

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 7

8. DATE OF BIRTH: May 13, 1888

9. AGE (In years last birthday): 63 — If under 1 year: Months 4, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Life insurance salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): French Village, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Israel Aubuchon

13b. MOTHER'S MAIDEN NAME: Adele Tullick

14. NAME OF HUSBAND OR WIFE: Icelean Merritt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Records State Hospital No. 4, Farmington, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 334x

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 4, *19* 51, *to* Sept. 24, *19* 51, *that I last saw the deceased alive on* Sept. 24, *19* 51, *and that death occurred at* 3:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John C. Berman M.D.
23b. ADDRESS: State Hospital No. 4, Farmington, Mo.
23c. DATE SIGNED: 9-25-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 27, 1951
24c. NAME OF CEMETERY OR CREMATORY: Valle Spring Cem.
24d. LOCATION (City, town, or county) (State): Ste. Genevieve, Mo.

DATE REC'D BY LOCAL REG.: Sept. 29, 1951
REGISTRAR'S SIGNATURE: Esther Riddleoff
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Jas. C. Basler, Ste. Genevieve, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 4 1951

SEP 4 1951

RECEIVED

OCT 6 1951

DISTRICT HEALTH OFFICE No. 4

File No. _____

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Student Embalmer

Signed Adrian J. Ehlen

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve, 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.