

FILED DEC 27 1954

STANDARD CERTIFICATE OF DEATH

State File No. 12080

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles		c. CITY OR TOWN Saint Charles	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital		e. STREET ADDRESS (If rural, give location) 0923 324 North Second St. 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Josephine	c. (Last) Tayon	4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1954
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5. SEX / Female	6. COLOR OR RACE / White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) / widowed	8. DATE OF BIRTH / Aug. 31, 1878	9. AGE (In years last birthday) / 76	IF UNDER 1 YEAR Months 3- Days 19	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) / Housewife	10b. KIND OF BUSINESS OR INDUSTRY / own	11. BIRTHPLACE (City and State or Foreign Country) / Saint Charles, Mo. 0	12. CITIZEN OF WHAT COUNTRY? / U.S.A.
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13a. FATHER'S NAME / Louis Aubuschon	13b. MOTHER'S MAIDEN NAME / Espasia Furlong	14. NAME OF HUSBAND OR WIFE / John Tayon
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / No	16. SOCIAL SECURITY NO. / None	17. INFORMANT'S SIGNATURE OR NAME / Mrs. Frank Wyhs, Saint Charles, Mo.	ADDRESS / Saint Charles, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) / myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 4 days -  5 yrs -  2 yrs -
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) / gen. arterio sclerosis - DUE TO (c)		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ① Diabetes mellitus ② Congestive heart failure		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION / 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10-5-54 to 12-20-54, that I last saw the deceased alive on 12-19-54, and that death occurred at 4 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) / R. B. [Signature]	23b. ADDRESS / St Charles Mo	23c. DATE SIGNED / December 21 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) / Burial	24b. DATE / Dec. 22, 1954	24c. NAME OF CEMETERY OR CREMATORY / Borromeo Cemetery	24d. LOCATION (City, town, or county) (State) / Saint Charles, Mo.
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DATE REC'D BY LOCAL REG. / Dec 21 1954	REGISTRAR'S SIGNATURE / Francis Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE / N.C. Dalmonget + Sons, St Charles, Mo.	ADDRESS /
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....  
Signature of Student Embalmer

Signed *Frank R. Ginal*.....

Licensed Embalmer No. *48*.....

P. O. Address *St. Charles*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.