No. 300
10.48

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

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2290 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 0287

1. PLACE OF DEATH
a. COUNTY: /
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4235 N. Florissant Ave 9 2 0 9

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 4235 N. Florissant Ave 7

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

4. DATE OF DEATH (Month) (Day) (Year): Jan. 10, 1955

5. SEX: Male 0

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: Feb. 24, 1886

9. AGE (In years last birthday): 68
If under 1 year: Months ___ Days ___
If under 24 hrs.: Hours ___ Min. ___

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

10b. KIND OF BUSINESS OR INDUSTRY: Moving CO.

11. BIRTHPLACE (City and State or Foreign Country): Florissant, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Leon Aubuchon

13b. MOTHER'S MAIDEN NAME: Theresa Loriane

14. NAME OF HUSBAND OR WIFE: Emma 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.: 498-16-0007

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Emma Aubuchon
ADDRESS: 4235 N. Florissant Av

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) Central Embolism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Prostate
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 177x

19a. DATE OF OPERATION: Dec 13-54

19b. MAJOR FINDINGS OF OPERATION: Prostatectomy - Carcinoma of Prostate

20. AUTOPSY? YES [ ] NO [X]

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* Dec 11, 1954, *to* Jan 10, 1955, *that I last saw the deceased alive on* Jan 4, 1955, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: A H Jost
(Degree or title): M.D.
23b. ADDRESS: 2803 N Kingshighway
23c. DATE SIGNED: 1/10/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 1-12-55

24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis, County MO

DATE REC'D BY LOCAL REG.: JAN 11 1955

REGISTRAR'S SIGNATURE: Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE: SUEDMEYER & SON'S
ADDRESS: 3934 N. 20th Street

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gustav W. Dietrich

Licensed Embalmer No. 432

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.