

STANDARD CERTIFICATE OF DEATH

36417

FILED OCT 30 1957

STATE FILE NUMBER

Registration District No. 160

Primary Registration District No. 3029

Registrar's No. 107

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CRYSTAL CITY		c. CITY OR TOWN CRYSTAL CITY 0501	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 112 WARD TERRACE		d. STREET ADDRESS 112 WARD TERRACE	

3. NAME OF DECEASED (Type or print) THERESA MARY AUBUCHON		4. DATE OF DEATH 10-22-57	
5. SEX female	6. COLOR OR RACE white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH 2-20-1886
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		9b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
10a. FATHER'S NAME ZENO POLITTE		10b. MOTHER'S MAIDEN NAME MARY E. DE CLUE	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12. SOCIAL SECURITY NO.	
13. INFORMANT MRS. THERESA BIEHLE CRYSTAL CITY, MO.		Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4221			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) hastrotomy due to obstruction of esophagus		19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I for Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from July 6, '54 to Oct 22, '57 and last saw her alive on Oct 22, '57 Death occurred at 10:10 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Bertine Boegw. (M.D.) (Deputy or title)		22b. ADDRESS Federal	
22c. DATE SIGNED 10/24/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-25-57	
23c. NAME OF CEMETERY OR CREMATORY CATHOLIC		23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.	
24. FUNERAL DIRECTOR Antony R. Politte, Crystal City ADDRESS		25. DATE RECD. BY LOCAL REG. 10-24-57	
26. REGISTRAR'S SIGNATURE John G. Fodor			

JEFFERSON COUNTY HEALTH DEPT
HILLSBORO, MISSOURI

DATE RECEIVED
OCT 29 1961

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.....

Licensed Embalmer No. 346

P. O. Address Crystal

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.