

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031166

STATE FILE NUMBER

FILED AUG 22 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2128

300
1-57

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, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jennings 4138
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hosp.		Length of stay in lb DOA	d. STREET ADDRESS (If outside, give location) 2826 Meadowlark Av.
3. NAME OF DECEASED (Type or print) First Middle Last Joseph Richard Aubuchon		4. DATE OF DEATH Month Day Year 8/12/58	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/19/03
9. AGE (In years last birthday) 54		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) Bartender		10b. KIND OF BUSINESS OR INDUSTRY Andrews Tavern	11. BIRTHPLACE (City and state or country) Florissant, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Peter Aubuchon	
13b. MOTHER'S MAIDEN NAME Augustine De Hatre		14. NAME OF HUSBAND OR WIFE Anna M. Litteken	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 489-09-0889	17. INFORMANT Anna Aubuchon Address 2826 Meadowlark Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) unknown natural causes			INTERVAL BETWEEN ONSET AND DEATH min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 7954		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Herbert R. Domke, M.D., Local Registrar		22b. ADDRESS 651 S. Brentwood, Clayton, Mo.	22c. DATE SIGNED 8/20/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/18/58	23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cem.	23d. LOCATION (City, town, or county) (State) Florissant, Missouri
24. FUNERAL DIRECTOR White-Mullen	ADDRESS 118 N. Florissant Rd.	25. DATE RECD. BY LOCAL REG. 8-15-58	26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Eleanora Province
 Licensed Embalmer No. 3402
 P. O. Address Summit

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 Eleanora Province
 Licensed Embalmer No. 3402
 P. O. Address Summit

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.