MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ED MAR 28 1961

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2537 STATE FILE NUMBER 61-010400

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lutheran Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1817 Nebraska — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Vernon Middle: G Last: Aubuchon
4. DATE OF DEATH: Month: March Day: 15 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/5/09
9. AGE (last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Controll Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Metal Good Corp.
11. BIRTHPLACE (City and state or country): Flat River MO
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Frank Aubuchon
13b. MOTHER'S MAIDEN NAME: Myrtle Robinson
14. NAME OF HUSBAND OR WIFE: Alice Aubuchon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Alice Aubuchon Address: 1817 Nebraska

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3/2 - 3/15
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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 3/ /61 to 3/15/61 and last saw her/him alive on 3/15/61
Death occurred at 5:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ralph Berg MD
22b. ADDRESS: 3203 S Grand
22c. DATE SIGNED: 3/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3/18/61
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS: Moydell Funeral Home 1926 Allen
25. DATE REC'D BY LOCAL REG.: MAR 16 1961
26. REGISTRAR'S SIGNATURE: Hoard Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
			7/7

BY AFFIDAVIT OF DOCUMENT

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 Hadley R. Fuller Jr

Licensed Embalmer No. 4950

P. O. Address St Louis

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.