

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-015802

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1254

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED MAY 8 1961

1. **PLACE OF DEATH**
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Length of stay in 1b 1 Day
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hospt Inside Limits Yes No

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY St. Louis
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2410 North & South Rd Reside on Farm Yes No

3. **NAME OF DECEASED** (Type or print) First Elmer Middle A Last Aubuchon 4. **DATE OF DEATH** Month May Day 4 Year 1961

5. **SEX** Male 6. **COLOR OR RACE** White 7. **Married** **Never Married**
Widowed **Divorced** 8. **DATE OF BIRTH** 2-15-1907 9. **AGE (last birthday)** 54
 IF UNDER 1 YEAR: Months 54 Days 0 IF UNDER 24 HR: Hours 0 Min. 0

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Automobile Radiator
 10b. **KIND OF BUSINESS OR INDUSTRY** Repair-Man 11. **BIRTHPLACE** (City and state or country) Florissant, Missouri 12. **CITIZEN OF WHAT COUNTRY** USA

13a. **FATHER'S NAME** Anthony Aubuchon 13b. **MOTHER'S MAIDEN NAME** Mary LaJeunesse 14. **NAME OF HUSBAND OR WIFE** Marie Aubuchon

15. **WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#1 16. **SOCIAL SECURITY NO.** 17. **INFORMANT** Grace Welsh Address 2410 North & South Rd.

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).
 PART I. **DEATH WAS CAUSED BY:**
 IMMEDIATE CAUSE (a) Subarachnoid hemorrhage INTERVAL BETWEEN ONSET AND DEATH 11 hrs
 DUE TO (b) Subdural hemorrhage 11 hrs
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Traumatic Fracture R Skull 11 hrs

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.) Pt. apparently fell at home

20c. **TIME OF INJURY** Hour 5:30 a.m. p.m. Month, Day, Year 5-3-61

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.) None 20f. **CITY, TOWN, OR LOCATION** Overland COUNTY St. Louis STATE Miss.

21. I attended the deceased from May 3, 1961 to May 4, 1961 and last saw him alive on May 4, 1961
 Death occurred at 4:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) Robert Hoover M.D. 22b. **ADDRESS** 601 S. Brentwood Blvd., Clayton, Mo. 22c. **DATE SIGNED** 5-4-61

23a. **BURIAL, CREMATION, REMOVAL (Specify)** Burial 23b. **DATE** 5-6-61 23c. **NAME OF CEMETERY OR CREMATORY** Mt. Lebanon Cemetery 23d. **LOCATION (City, town, or county)** St. Louis Mo. (State)

24. **FUNERAL DIRECTOR** J.W. Clark ADDRESS F.H. 1125 Hodiament Ave. 25. **DATE RECD. BY LOCAL REG.** 5-5-61 26. **REGISTRAR'S SIGNATURE** J. B. ...

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 Alfred J. Bosler

Licensed Embalmer No. 266

P. O. Address 1125 / Ave

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.