WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 26 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No. 17991
Township — Primary Registration District No. 6033-B — Registered No. 148
City Normandy Mo, (No. 6928 Greenway Ave. St., Ward)

2. FULL NAME Emma Aubuchon,
(a) Residence, No. 6928 Greenway Ave. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael Aubuchon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18, 1857.

7. AGE: Years 76 — Months 9 — Days 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florissant Missouri

FATHER
13. NAME John Washaw
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Martha Marschale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Agnes Nabor 6928 Greenway ave

18. BURIAL, CREMATION, OR REMOVAL (PLACE) St Ferdinand Cem. (DATE) May 26, 1934

19. UNDERTAKER (ADDRESS) Jos. W. Leesh. 7125 Hodiamont Ave

20. FILED 5-24-, 1934 A.A. Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1931, to 5-23, 1934
I last saw her alive on 5-23, 1934. Death is said to have occurred on the date stated above, at 12.50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	2 wks
Hypostatic pneumonia	5-5-34
931	5-12-34
936	
Other contributory causes of importance:	
Chr. Nephritis	?
Chr. Myocarditis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? Pathologist Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Geo. H. Klinkerfuss, M. D.
(Address) 7301a National Bldg.

Geo. H. Klinkerfuss.

#2 St Louis

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS 17991
WASHINGTON 148

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Emma Aubuchon
Who died at _____ on May - 23 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W ~~Single, married~~, widowed ~~or divorced:~~ _____

Date of birth _____ Age: Years 76 Months 9 Days 5 —

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Acute Myocarditis - Hypostatic Pneumonia Broncho Pneumonia

Other contributory causes of importance Chr Nephritis - Chr myocarditis
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar A A Boehmer

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh M.D
Special Agent.

Reg. Dist. No. 789

Primary Reg. Dist. No. 6033 B

S-17991 (1934)