

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13130
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City St. Louis, Mo. (d) Street No. 2226 Keokuk St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Aubuchon 125
 (a) Residence, No. 1718 S. 3rd. St. St. **23**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Napolian Aubuchon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 7, 1858</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>5</u>	DAYS <u>13</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mineral Point Missouri</u>	
	13. NAME <u>Jacob Boas</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Unknown</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT (ADDRESS) <u>Walter Aubuchon 2226 Keokuk St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mineral Point, Mo. Apr. 23 38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Weick Bros. 2201 S. Grand.</u>		
20. FILED <u>APR 22 1938</u> <u>J. T. Bredeck</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to April 20, 1938
 I last saw h. w. alive on April 15, 1938. Death is said to have occurred on the date stated above, at 9 p. m.
 The principal cause of death and related causes of importance were as follows:
Acute Myo-carditis
 Date of onset April 15

Other contributory causes of importance:
Broncho-pneumonia, Uremic Hemorrhage due to fibrin, Benign

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? Yes

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? Yes
 If so, specify (SCHW.F.R.)
 (Signed) Otto J. Schwaiger M. D.
 (Address) 2107 So. Broadway

STATEMENT BY LICENSED EMBALMER

I, Chas W Cooper, Licensed Embalmer No. 3830

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Chas W Cooper
Licensed Embalmer No. 3830

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.)