REC'D MAY 10 1939

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

1003

12880
Do not use this space.

1. PLACE OF DEATH

(a) County.....

(b) Township.....

(c) City or St. Louis, Missouri

Registration District No.....

Primary Registration District No.....

Registered No. 3222

(d) Street No. City Sanitarium 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

125

2. PRINT FULL NAME Edward Aubuchon

(a) Residence, No. 3313 Olive St St. 21
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-28-1887

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
52	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil

9. Industry or business in which work was done, as saw mill, bank, etc. Nil

10. Date deceased last worked at this occupation (month and year) Nil

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

17. INFORMANT Walter Moore M. D.
(ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE Apr 7 1939

19. FUNERAL DIRECTOR (NAME) Drehmann & Harral
(ADDRESS) 1905 Union Blvd.

20. FILED APR 6 1939
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31-39, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, 19, to 3-31-39, 19
I last saw him alive on 3-31-39, 19. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ptohydronephrosis	3-20-39-x

Other contributory causes of importance:
Transverse Myelitis (Lumbar region)
Etiology unknown 7-1-36-x

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) Walter L. Moore, M. D.
(Address) 5400 Arsenal St.

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Warren A. Carve

Licensed Embalmer No. 3534

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.