

Registration District No. 701

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town _____
 (c) Name of hospital or institution: 2308 N. 11th. St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 (Specify whether years, months or days)

NEP FEB 17 1940

3. (a) PRINT FULL NAME Joseph Aubuchon

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Oct. 22nd. 1867.
 (Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ernest Aubuchon

(b) Address 1206a Montgomery

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director H. J. Seidner and Co

(b) Address 1417 N. Market St.

19. (a) JAN 23 1940 (Date received local registrar) (b) J. B. Brueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 2308 N. 11th. St. (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22. year 1940 hour 9 minutes 15 A.M.

21. I hereby certify that I attended the deceased from Dec 1, 1940 to Jan. 22, 1940 that I last saw him alive on Jan. 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 1 yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) no

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? (City or town) (County) (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature J. O. Keller (M. D. or other)

Address 2505 No. 9th Street Date signed 1/23/40

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.....

John A. Melnar
.....
working under my personal supervision.

Registered Apprentice No. *207*

Signed

John P. Buchholz
.....
Licensed Embalmer No. *16740*

P. O. Address. *2223 S. Main 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 this body is not embalmed, above space should be left blank.