. 2
3-40
-39
X23159
5

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37248
9521

Registration District No. 701 Primary Registration District No. 1003 Registrar's No.

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6907 Fyler
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6907 Fyler
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Clifford E. Rubuchon Jr.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 20 1934 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
6	4	28	hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Schoolboy
11. Industry or business
MOTHER FATHER
12. Name Clifford E. Rubuchon
13. Birthplace St. Charles Mo. (City, town, or county) (State or foreign country)
14. Maiden name Helen Watts
15. Birthplace Farmington Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Clifford E. Rubuchon
(b) Address 6907 Fyler
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/40 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Clipp Avenue St.
19. (a) NOV 20 1940 (Date received by local registrar) (b) J. Babcock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18 year 1940 hour 3 minute 55 P.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Laceration Kidney Due to Crushed Chest, fractured ribs, laceration of Liver
~~Due to~~ Injured when thrown by Public Service bus, deceased
Due to One Engine Passenger Coupe of Ford 69 59 Miles
Other conditions (Include pregnancy within 3 months of death) Released about 3.55 pm 11/18/1940

Duration

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) Accident
(b) Date of occurrence Nov 18 1940
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Auto
23. Signature Alfred Gerry (M. D. or other)
Address Coroner's Office Date signed 11/20/40

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest Spillars, Registered Apprentice No. ~~4080~~ working under my personal supervision.

Signed Ernest Spillars

Licensed Embalmer No. 4080

P. O. Address

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, fact should be so stated above.