

2  
3-40  
7-39  
X23159

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **118**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**  
(b) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4252 ST. LOUIS AVE.**  
(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 **MO.** (b) County **000**  
(c) City or town **ST. LOUIS** **1117**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4252 ST. LOUIS AVE.** **9**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **FANNIE E. AUBUCHON**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **AMASIE AUBUCHON** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **JUNE 25, 1871**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	6	11	hr. min.

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

10. Usual occupation **AT HOME**

11. Industry or business \_\_\_\_\_

12. Name **UNKNOWN JONES**

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 **MRS. VAN EATON**

(b) Address **3639 Folsom AVE**

17. (a) **BURIAL** (b) Date thereof **1-8-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OAK GROVE CEMETERY**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **JAN 7 1941** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN.** day **6.** year **1941** hour **9** minute **20** A.M.

21. I hereby certify that I attended the deceased from **Jan. 6 - 1940** to **Jan. 1, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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 **James M. Quinn** (M. D. or other) \_\_\_\_\_

Address **2025 N. Jefferson** signed \_\_\_\_\_

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

MOTHER FATHER

2022  
8  
J. H. A. A.  
2-3 AM

**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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell B

**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.**