

FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

cert # 2 41821

State File No.

Registration District No. 754

Primary Registration District No. 200

Registrar's No. 2757

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Florissant, Parol St. Ferdinand
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Jerson Road - Route #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Florissant
(If outside city or town limits, write "RURAL")

(d) Street No. Jerson Road
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME JULUIS AUBUCHON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex m 5. Color or race W

6. (a) Single, widowed, married, divorced SO

6. (b) Name of husband or wife.....

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

7. Birth date of deceased Dec. 17, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 0 7 - hr. - min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name Joseph Aubuchon

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

14. Maiden name Catherine Kruehels

15. Birthplace Florissant Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Manuel Aubuchon

(b) Address Florissant Mo. #2

17. (a) Burial (b) Date thereof 12-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cem.

18. (a) Signature of funeral director Sammy Ann Brod. Inc

(b) Address 2501 Woodson Overland Mo

19. (a) DEC 28 1942 (b) C. L. McParland
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1942 hour 1942 minute M.

21. I hereby certify that I attended the deceased from December 1st, 1942 to Dec. 24th, 1942;
that I last saw him alive on December 24th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to arteriosclerosis

Other conditions..... (include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?
..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature H. T. Coffey M.D. (M. D. or other)

Address Patton Mo. 270 Date signed Dec. 26, 42

Duration

2 yrs.

3 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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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.....

Oscar F. Mueller

Licensed Embalmer No. *3039*

P. O. Address. *Overland Mo*

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.