

FILED FEB 10 1943

Registration District No. 200

Primary Registration District No. 200

Registrar's No. 177

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Nursing Home 4
(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 St Francois
(c) City or town Frencho Village
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MOSES AUBUCHON

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced. Widower
6. (b) Name of husband or wife. Mary Aubuchon 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. July 1 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 14 hr. min.

9. Birthplace. French Village Mo. U.
(City, town, or county) (State or foreign country)

10. Usual occupation. Retired

11. Industry or business.
12. Name. Lucian Aubuchon
13. Birthplace. Missouri
(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 Dora Neuroth
(b) Address. 4264 Hartford, St Louis, Mo.

17. (a) Burial (b) Date thereof 1-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. St Peters Cem.

18. (a) Signature of funeral director. Louis H. Bopp, Inc.
(b) Address. 131 W. Argonne Dr. Kirkwood Mo.

19. (a) JAN 19 1943 (b) C. H. Mc Gowan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15th
year 1943 hour 7 minute 19 A. M.

21. I hereby certify that I attended the deceased from January 6th 1943 to January 15th 1943
that I last saw him alive on January 14th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis

Due to
Due to
Other conditions. Arterio Sclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN
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?

While at work? (Specify type of place)
(e) Means of injury
23. Signature. R. W. Jensen (M. D. or other)
Address. Mauchley Mo. Date signed 1/16/43

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

96
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MOTHER FATHER

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.....

Louis H. Bopp

Licensed Embalmer No.....

921

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.