

FILED FEB 23 1943

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1429**

**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:  
**2808 S. 9th Street**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... **1**  
(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**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2808 S. 9th St.**  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... **0**

**3. (a) PRINT FULL NAME** **Julia Aubushon**

**3. (b) If veteran,** name war..... **no**

**3. (c) Social Security** No..... **no**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Feb.** day **12**  
 year **1943** hour **11** minute **15 A.M.**

**4. Sex** **Female** **5. Color or race** **White**

**6. (a) Single, widowed, married, divorced** **Married**

**6. (b) Name of husband or wife** **Walter Aubuchon**

**6. (c) Age of husband or wife if alive** **61** years

**7. Birth date of deceased** **December 2, 1887**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** **9:00 am 2/12**  
**1943 to 11:15 am 2/13/43**  
 that I last saw h. alive on **9:00 am 2/12, 1943**  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>55</b>	<b>2</b>	<b>10</b>	..... hr. min.

Immediate cause of death..... **Lobar Pneumonia** **2 weeks?**

Due to..... **Castise 7 airline** **2**

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

**10. Usual occupation**..... **at home**

Other conditions..... **108**  
(Include pregnancy within 3 months of death)

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

**11. Industry or business**.....

**12. Name**..... **John Bohan**

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

**14. Maiden name**..... **Margaret Hagerty**

**15. Birthplace**..... **Ireland**  
(City, town, or county) (State or foreign country)

**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)  
 Means of injury.....

**16. (a) Informant**..... **Walter Aubuchon**

**(b) Address**..... **2808 S. 9th St.**

**17. (a) Burial** (b) Date thereof..... **Feb. 15, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation**..... **Calvary Cemetery**

**18. (a) Signature of funeral director**..... **Weick Bros.**

**(b) Address**..... **2201 S. Grand Bl.**

**19. (a) FEB 13 1943** **J. F. Bredsch**  
(Date received local registrar) (Registrar's signature)

**23. Signature**..... **William H. Broder** (M. D. or other) **had**

**Address**..... **1225 Astorway** **2/13/43**  
Date signed

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

50  
17  
9

MOTHER FATHER

24  
100

Duration  
2 weeks?  
2  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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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

*Wm. A. Stewart*

Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette St.

**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.**