

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Afton, St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Millers Nursing Home #  
(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 Jefferson <sup>50</sup>  
(c) City or town Herculaneum  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Cordelia Aubuchon

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Theodore Aubuchon 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 9-22-84  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 10 21 hr. \_\_\_\_\_ min.

9. Birthplace Blackwell Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name Abe Johnson  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Smantha Linder  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. Zinselmeyer

(b) Address 5212 Louisiana Avenue

17. (a) Burial (b) Date thereof 8-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Missouri

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd

19. (a) AUG 14 1943 (b) [Signature]  
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12  
year 1943 hour 1 minute 15 p. M.

21. I hereby certify that I attended the deceased from Nov - 10th  
X 1942 to Aug 10 1943  
that I last saw her alive on Aug 10th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis  
senility

Due to Hemophlegia

Due to Hypertension

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

Major findings:  
Of operations 930  
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 [Signature] (M. D. or other) MD  
Address 185 9th Kinghighway Date signed Aug 12 1943

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

**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..... *Virgil L. Berryman*  
.....  
Licensed Embalmer No..... *4018*  
P. O. Address..... *St. Louis, 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.**