

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Furman Hospital/Keop
(If outside city or town limits, write "RURAL" and part of township)
(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 96
(c) City or town Florissant (If outside city or town limits, write "RURAL") NR
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **AUBUCHON GEORGE D.**

3. (b) If veteran, name war Mo 3. (c) Social Security No. 484-12-7565

4. Sex Male 5. Color of race Wh 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 12-1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Aubuchon
13. Birthplace Florissant Mo
14. Maiden name Maritida Farnum
15. Birthplace Florissant Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Estella Fajen

(b) Address Florissant Mo

17. (a) Burial (b) Date thereof Oct 28-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ferdinand Cem

18. (a) Signature of funeral director Chas T. Stuart

(b) Address 1325 Union Blvd

19. (a) OCT 27 1943 (b) J. J. Grueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25 year 1943 hour 1:40 minute _____ M.

21. I hereby certify that I attended the deceased from 10-11-43 to 10-25-43

that I last saw him alive on 10-25-43 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Occlusion
Myocardial Infarction

Due to _____ Duration 17 days

Due to 61

Other conditions Diabetes Mellitus - Mild
(Include pregnancy within 3 months of death) 3

Major findings: Of operations _____

Of autopsy Congestion of liver, lungs
Cirrhosis of liver

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 0

23. Signature Wm. C. MacConnell (M. D. number) _____
Address 1325 S. Grand Date signed 10-26-43

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.....

Edward G. Koppa

Licensed Embalmer No..... *2971*

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.