

No. 2
4-5-43
5-17-39
X38671

FILED DEC 3 1943
Registration District No. 318

Primary Registration District No. 1003

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
0 (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME James Homer Aubuchon

3. (b) If veteran, name war Nil 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 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 Nov. 26 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 11 26 hr. _____ min.

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

10. Usual occupation Chef

11. Industry or business _____

MOTHER FATHER

12. Name Clarence E. Aubuchon

13. Birthplace French Village Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Florence Carrow

15. Birthplace French Village Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence E. Aubuchon

(b) Address Bonne Terre, Missouri

17. (a) Burial (b) Date thereof 11-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) NOV 29 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1943 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from 11/20/43
to 11/22/43

that I last saw him alive on 11/21/43
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Duration 1 day

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

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?

(Specify type of slash) _____
While at work? _____ (e) Means of injury _____

23. Signature Walter H. Hoppe, Inc. (M. D. or other) _____
Address 2607 S. Grand Date signed 11/22/43

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

9-17-43

DEC 17 1943

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 W. W. Wilkins
Licensed Embalmer No. 3576

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.