

FILED MAY 10 1945
Registration District No. _____

Primary Registration District No. 3058

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

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community one week
years, months or days)

3. (a) PRINT FULL NAME Mallinda Aubichon

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F / 5. Color or race W

6. (a) Name of husband or wife Louis

6. (b) Age of husband or wife if alive 75 years

7. Birth date of deceased: March 7 1883
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation: Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name August Teson

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

14. Maiden name Susan LaJeunesse

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

16. (a) Informant Louis Aubuchon

(b) Address Florissant, Mo. R# 3

17. (a) Burial (b) Date thereof 4-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cemetery

18. (a) Signature of funeral director Blairman Bros Inc.

(b) Address 2504-Woodson Rd-Overland

19. (a) 4/10/45 (b) Ernest E. Finkle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Florissant Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Aubuchon near Teson Roads
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1945 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Apr. 5
1945 to April 8 1945
that I last saw her alive on April 7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Arteriosclerosis

Duration
4 days

Due to Hypertension ?

Due to Arteriosclerosis ?

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? _____

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

23. Signature J. J. [unclear] (M. D. or other)

Address [unclear] Date signed 4-10-45

1300

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-9-45

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. G. Peterson

Licensed Embalmer No. 3767

P. O. Address. Overland 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.