S. No. 2
0M—5-43
v. 5-17-39
o I X36671

Sr. Surgeon, Med. Off. in Charge

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 1 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36501

Registration District No. 377 Primary Registration District No. 3066 Registrar's No. 2268

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: U. S. Marine Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community ---

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~Stoddard~~ 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1304 S. Broadway (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country ---

3. (a) PRINT FULL NAME AUBUCHON, James
3. (b) If veteran, name war Spanish-American
3. (c) Social Security No. ---
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mary Aubuchon
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased March (Month) 14 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
70	7	19	hr. min.

9. Birthplace --- (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None (Rigger)
11. Industry or business --- None

MOTHER FATHER
12. Name Gregory Aubuchon
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Sarah DELILE
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Clinical Records
(b) Address U. S. Marine Hospital, Kirkwood, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 7-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ NATL. Cem JEFFERSON BR
18. (a) Signature of funeral director E. J. Schmun
(b) Address 3125 Lafayette Ave
19. (a) 11-6-47 (Date received local registrar) (b) Paul A. Sharp M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day November year 1947 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from October 28, 1947 to November 3, 1947 that I last saw him alive on November 3, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	1 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months) Chronic non-specific ulcerative colitis; Hemiplegia; Carcinoma of prostate	unknown

Major findings:
Of operations -
Of autopsy Same as above.

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) X
(b) Date of occurrence X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X (Specify type of place)
While at work? X (e) Means of injury X

Signature Norman G. Hepper (M. D. or other) M.D.
Address Norman Hepper, A. Surg. U.S. Marine Hosp. Kirkwood, Mo. Date signed 11/4/47

(Licensed Embalmer's Statement on Reverse Side)

DEC 30 1964

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.