

FILED APR 7 1948 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: Pronounced dead at City 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 64 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4243 Pleasant Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ZELLER R. AUBUCHON

3. (b) If veteran, name war None 3. (c) Social Security No. 499-01-1208

20. DATE OF DEATH: Month March day 25th
year 1948 hour 5 minute 00 M.

21. I hereby certify that I attended the deceased from Feb. 1946 to March 1948
that I last saw him alive on March 13 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Angina Pectoris Duration 2 yrs.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Geraldine Aubuchon 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased August 3, 1883
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 22 If less than one day hr. _____ min. _____

Due to Arteriosclerosis
Due to 94
Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation retired molder

11. Industry or business Koplar Foundry

12. Name August Aubuchon

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

14. Maiden name Caroline Benoist

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

16. (a) Informant Mrs. Geraldine Aubuchon

(b) Address 4243 Pleasant Street

17. (a) Burial (b) Date thereof 3-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director H. A. Stock

(b) Address 2117 East Grand Blvd.

19. (a) MAP 27 (b) J. F. Bredeek
(Date received local file) (Registrar's signature)

Major findings: Of operations none
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) no
(b) Date of occurrence no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (Date of injury)
23. Signature James B. Thompson M. D. or other M.D.
Address 1325 S. Grand Date signed 3-26-48

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..... *Frank A. Mine*

Licensed Embalmer No..... *3041*

P. O. Address..... *2117 E. 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.