No. 2
-1/47 -
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41244

State File No. 11017

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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 St Louis Childrens Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community

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. 4222 Swan (If rural, give location)

(e) Citizen of foreign country? 18 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Patricia Ann Aubuchon

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

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 (Month) 9 (Day) 1948 (Year)

8. AGE: Years 0 Months 1 Days 10 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Mr. Earl C Aubuchon
13. Birthplace Desloge Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Taylor
15. Birthplace St Louis County Mo (City, town, or county) (State or foreign country)

16. (a) Informant Earl Aubuchon
(b) Address 4222 Swan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.

19. (a) DEC 21 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19TH year 1948 hour 9 minute a M.

21. I hereby certify that I attended the deceased from Nov 10, 1948, to Dec 19, 1948 that I last saw her alive on Dec 19, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Disease

Due to Cardiac Failure

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 place)

While at work? (e) Means of injury

23. Signature David N. McClure (M. D. or other)

Address 337 N. Euclid Date signed 12-19-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

11017

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 Howard B. Rowland

Licensed Embalmer No. 4053

P. O. Address St Louis 10 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.