

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18975

State File No.

FILED MAY 19 1951

Registrar's No. 2091

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		State File No.		Registrar's No. 2091			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant				c. LENGTH OF STAY (In this place) years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant 4000					
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 3, Box 321				d. STREET ADDRESS (If rural, give location) Rt. 3, Box 321							
3. NAME OF DECEASED (Type or Print) Theodore			a. (First)			b. (Middle) Aubuchon			c. (Last)		
4. DATE OF DEATH May 6, 1951			5. SEX Male			6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH Sept. 25, 1880			9. AGE (In years last birthday) 70			IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		
11. BIRTHPLACE (State or foreign country) Florissant, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)		
13a. FATHER'S NAME Batiste Aubuchon			13b. MOTHER'S MAIDEN NAME Leonara LeJeunesse			14. NAME OF HUSBAND OR WIFE Ellen P. Aubuchon					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ellen P. Aubuchon Florissant, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. Arterio Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 yrs 5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT - SUICIDE - HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 2-2-48 , to 5-6-51 , that I last saw the deceased alive on 5-6-51 , and that death occurred at 2:00 m., from the causes and on the date stated above.											
23a. SIGNATURE R. S. Snoble M.D. (Degree or title)				23b. ADDRESS 126 S. Main				23c. DATE SIGNED 5-7-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/8/51		24c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Cem.		24d. LOCATION (City, town, or county) (State) Florissant, Mo.					
DATE REC'D BY LOCAL REG. 5/7/51		REGISTRAR'S SIGNATURE Robert P. Sombke M.D.		FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Chapel, Ferguson, Mo.							

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

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Wm. H. Sombke

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

L. M. White

Licensed Embalmer No. *3975*

P. O. Address.....

Ferguson

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.