

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34791

State File No.

318

1003

Registrar's No. 9095

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| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2089 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital | | | | d. STREET ADDRESS (If rural, give location) 1166 Howell St., 8 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Norvel b. (Middle) James c. (Last) Aubuchon | | | 4. DATE OF DEATH (Month) (Day) (Year) October 12th, 1951 | | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH July 2nd, 1910 | | 9. AGE (In years last birthday) 41 | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) St. Louis | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Sylvester Aubuchon | | | 13b. MOTHER'S MAIDEN NAME Clara Mueller | | 14. NAME OF HUSBAND OR WIFE Sophia Aubuchon | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 497-05-5621 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sophia Aubuchon, 1166 Howell St., | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Cong. H. Disease DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | INTERVAL BETWEEN ONSET AND DEATH 3 mo | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? H2H1 | | | |
| 22. I hereby certify that I attended the deceased from May 1, 1951 , to Oct 12, 1951 , that I last saw the deceased alive on Oct 12, 1951 and that death occurred at 8:00 a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE [Signature] (Degree or title) | | | | 23b. ADDRESS 79 N. Grand St. St. Louis, Mo. | | 23c. DATE SIGNED 10/15/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 10/16/51 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | |
| DATE REC'D BY LOCAL REG. OCT 15 1951 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich F. Home, 8319 Hallsferry | | | |

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student.....
Student Embalmer

Signed Eleanora Province

Licensed Embalmer No. 3403

P. O. Address St. Louis, 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.