

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38652

State File No. ....

9354

FILED NOV 30 1951

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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 <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Ann's Village 4071</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist</b>		d. STREET ADDRESS (If rural, give location) <b>10606 St. Henry st. 1</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Julius</b>	b. (Middle) <b>B.</b>	c. (Last) <b>Aubuchon</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 22 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 25 1891</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>60</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Driver Bread Truck</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Florissant Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Grable Aubuchon</b>	13b. MOTHER'S MAIDEN NAME <b>Julia Beltier</b>	14. NAME OF HUSBAND OR WIFE <b>Ella Aubuchon</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>Don't Know</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ella Aubuchon 10606 Henry st</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Subdural hematoma; Hemorrhage left side; Multiple fractures, suffered before ear operated by dislocated ment out of control and went over due to accident on Mill Bridge Road east of Mc Kibbin Rd, Oct 19 1951</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>about 12:40 pm</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Accident 400</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis City Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct 19 5 12 pm</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>8254</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **12:35 pm**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <b>Gabriel E Taylor Coroner</b>	22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>10 23 51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal 4</b>	24b. DATE <b>Oct 25 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Lebanon Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>
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DATE REC'D BY LOCAL REG. <b>OCT 23 1951</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith 10 29</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. W. Clark 1125 Hodiamont Ave</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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

*Alfred J. Boedeker*

Licensed Embalmer No. *2663*

P. O. Address *1125. Hudson*

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.