

No. 300
10-48

11281

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

XC 367 889
REG# 100,166
FILED MAR 29 1952

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 585

000

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | 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 township) OR TOWN JEFFERSON BARRACKS, MO. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | |
| c. LENGTH OF STAY (in this place) 11 DAYS | | 2069 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP. | | d. STREET ADDRESS (If rural, give location) 2856 SEMPLE | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) DAN b. (Middle) P. c. (Last) AUBUCHON | 4. DATE OF DEATH (Month) (Day) (Year) MARCH 1, 1952 |
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|--------------------|-------------------------------|--|-------------------------------------|--|----------------------------|----------------------------|
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 10-16-95 | 9. AGE (In years last birthday) 56 | # UNDER 1 YEAR Months Days | # UNDER 10 HRS. Hours Min. |
|--------------------|-------------------------------|--|-------------------------------------|--|----------------------------|----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME DENNIS AUBUCHON | 13b. MOTHER'S MAIDEN NAME MARY BURKHART | 14. NAME OF HUSBAND OR WIFE ANNA AUBUCHON |
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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) YES WW-I | 16. SOCIAL SECURITY NO. UNKNOWN | 17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, MISSOURI | ADDRESS |
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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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADENO CARCINOMA OF STOMACH WITH METASTASIS | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) | | |

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| 19a. DATE OF OPERATION NONE | 19b. MAJOR FINDINGS OF OPERATION 151X | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) VA | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **2-19-52**, 19**52**, to **3-1-52**, 19**52**, and that death occurred at **3:30 p. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) John W. Donke M.D. | 23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO. | 23c. DATE SIGNED 3-2-52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Mar. 4 1952 | 24c. NAME OF CEMETERY OR CREMATORY SS. Peter and Paul | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
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| DATE REC'D BY LOCAL REG. 3-3-52 | REGISTRAR'S SIGNATURE Herbert R. Donke MD | 25. FUNERAL DIRECTOR'S SIGNATURE Cullen & Kelly | ADDRESS 7267 Natural Bridge |
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(Licensed Embalmer's Statement on Reverse Side)

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

James G. Lammers

Licensed Embalmer No. *4142*

P. O. Address *St Louis*

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.