

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29748

State File No.

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7507**

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE			b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town or township)		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN		St. Louis, Missouri		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			St. Louis City Hospital #1			e. STREET ADDRESS (If rural, give location)		
5600 Arsenal			4. DATE OF DEATH			(Month) (Day) (Year)		
7-31-53			3. NAME OF DECEASED			a. (First) Louise		
b. (Middle) Aubuchon			c. (Last)			5. SEX		
F /			W			6. COLOR OR RACE		
W			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH		
Widow			July 9 1874			9. AGE (In years last birthday)		
79			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
Old Home			11. BIRTHPLACE (City and State or Foreign Country)			12. CITIZEN OF WHAT COUNTRY?		
mo			13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME		
Robert Dannelly			Mary Womack			14. NAME OF HUSBAND OR WIFE		
Edmond			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT'S SIGNATURE OR NAME			ADDRESS		
Hospital Record			18. CAUSE OF DEATH			MEDICAL CERTIFICATION		
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erysipela of Gall Bladder			INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) i perforation & subcutaneous					
			DUE TO (c) Abscess					
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.					
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)		
						585X		
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 7-29-1953, to 7-31-1953, that I last saw the deceased alive on 7-31-1953, and that death occurred at 4:20A m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title)			23b. ADDRESS			23c. DATE SIGNED		
Stella H. P. ... M.D.			1515 Lafayette			7-31-53		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)		
Burial		8-3-53		Valhalla Cemetery		St. Louis County		
DATE REC'D. BY LOCAL			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE		
AUG 1 1953			J. Earl Smith, M.D.			Arthur J. ... 3840 Lindel		

(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 *me*....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. M. L. Owen*.....

Licensed Embalmer No. 5689

P. O. Address *St. Charles*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.