

FILED JAN 19 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 45184

12039

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance) a. STATE Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis Mo.)		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		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 Firmin Desloge Hosp.				e. STREET ADDRESS (If rural, give location) 16 3716 Michigan					
3. NAME OF DECEASED (Type or Print) George			a. (First)		b. (Middle)		c. (Last) Aubuchon		
4. DATE OF DEATH 12-20-53									
5. SEX M		6. COLOR OR RACE W		7. (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED) (Specify)		8. DATE OF BIRTH May 27, 1881			
9. AGE (In years last birthday) 72		if UNDER 1 YEAR Months 6		Days 23		if UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Streetcar Motorman			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Florissant, Mo			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME George Aubuchon		13b. MOTHER'S MAIDEN NAME Mary Louise Teson		14. NAME OF HUSBAND OR WIFE Lillie Aubuchon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME George E. Kantner M.D. Firmin Desloge			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of cecum				ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) bronchopneumonia					
				DUE TO (c) Advanced arteriosclerosis					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 12/15/53		19b. MAJOR FINDINGS OF OPERATION Bowel obstructed at adenocarcinoma of cecum				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? 153x					
22. I hereby certify that I attended the deceased from 12/14, 1953, to 12/20, 1953, that I last saw the deceased alive on 12/20, 1953, and that death occurred at 11 AM m., from the causes and on the date stated above.									
23a. SIGNATURE George E. Kantner Jr. M.D., J.				23b. ADDRESS 6641 Pershing		23c. DATE SIGNED 12/21/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/23/53		24c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Cemetery		24d. LOCATION (City, town, or county) (State) Florissant, Mo.			
DATE REC'D BY LOCAL REG. DEC 22 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons		ADDRESS 2630 Gravois Ave.			

(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.....  
Signature of Student Embalmer

Signed.....  
*Robert F. Gibbs*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave

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.