

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30551**

FILED OCT 3 - 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8194**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Overland <i>H 20 Y</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 10736 Decker Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Geo. b. (Middle) Wm. c. (Last) Aubuchon	4. DATE OF DEATH (Month) (Day) (Year) 9 18 55
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 7, 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Bldg.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Grabel Aubuchon	13b. MOTHER'S MAIDEN NAME Julia Pettire	14. NAME OF HUSBAND OR WIFE Dec. Mary Theresa 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) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ben F. Haas	ADDRESS 10736 Decker Ave.
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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, asthma, 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* (a) Pulmonary Infarct		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of esophagus DUE TO (c)		
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 Carcinoma of esophagus Esophageal gastrectomy 2 wks before	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) 5-5311	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) 150 X
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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? 150 X
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22. I hereby certify that I attended the deceased from **8-12**, 19 **55**, to **9-18**, 19 **55**, that I last saw the deceased alive on **SEPT. 18**, 19 **55**, and that death occurred at **11: P** m., from the causes and on the date stated above.

23a. SIGNATURE Robert E. Thompson M.D.	(Degree or title)	23b. ADDRESS 1515 LAFAYETTE AVE.	23c. DATE SIGNED 9-19-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/21/55	24c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Cem.	24d. LOCATION (City, town, or county) (State) Florissant St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. SEP 19 1955	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. W. Clark	ADDRESS Fun. Home Inc. 1125 Hodiamont Ave.
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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.....
Signature of Student Embalmer

Signed *V E Morris*

Licensed Embalmer No. 33

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.