

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1956

42632

318

1003

10896

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE: <b>MISSOURI</b> b. COUNTY: <b>ST. LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <b>CHRISTIAN HOSP</b>				Length of stay in lb <b>6 DAYS</b>		c. CITY OR TOWN: <b>JENNINGS</b> 4148 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
First <b>MARIE</b>		Middle <b>AUBUCHON</b>		Last <b>JANET</b>		Month <b>NOV</b> - Day <b>27</b> - Year <b>1956</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG-21-1889</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>6</b>		IF UNDER 24 HRS. Hours <b>6</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life - even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (City and state or country) <b>ST. LOUIS - MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13. FATHER'S NAME <b>JOSEPH HUMMEL</b>				14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT <b>Mr. WALTER AUBUCHON</b>		Address <b>5709 JANET</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypertensive Cardio-Vascular Disease.</b> DUE TO (b) <b>Myocardial Failure.</b> DUE TO (c) <b>—</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>443x</b>			
20c. TIME OF INJURY Hour <b>—</b> Month <b>—</b> Day <b>—</b> Year <b>—</b> a. m. <b>—</b> p. m. <b>—</b>				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>11/21/56</b> to <b>11/28/56</b> and last saw her alive on <b>11/27/56</b> Death occurred at <b>12:35 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>[Signature]</b> (Degree or title)				22b. ADDRESS <b>6917 W. Louisiana</b>		22c. DATE SIGNED <b>11/28/56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>11-30-56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>		23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS - MO</b>	
24. GENERAL DIRECTOR <b>L. B. Tanner, Natural Bridge</b>		ADDRESS <b>6187</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 29 1956</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *J W Bumbley*.....

Licensed Embalmer No. *365*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.