

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11370
Registrar's No. 786

FILED APR 8 - 1957
BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>0</u>	c. CITY OR TOWN <u>Vinita Park</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co, Hospt</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>2410 North & South Rd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) _____ c. (Last) <u>Aubuchon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 23 57</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-24-1881</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>August Lajeunesse</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Laramie</u>		14. NAME OF HUSBAND OR WIFE <u>Anthony Aubuchon Dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grace Welsh 2410 North & South Rd.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>gastrointestinal bleeding - gastric ulcer - Cushing's syndrome</u> MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chemia</u> DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
		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 <u>Bleeding gastric ulcer - 5400</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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?	

22. I hereby certify that I attended the deceased from 3-21, 1957 to 3-23, 1957, that I last saw the deceased alive on 3-23, 1957, and that death occurred at 4:55A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. L. Hagdem M.D.</u>		23b. ADDRESS <u>601 So. Brentwood</u>		23c. DATE SIGNED <u>3-23-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-26-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>3/25/57</u>		REGISTRAR'S SIGNATURE <u>Berkit A. Domb...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.W. Clark F.H. 1125 Hodiament Ave.</u>	
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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..... *Alfred J. Boedelker*
Licensed Embalmer No. *2663*
P. O. Address *11257 Hudson*

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.